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| Fill in this information to identify your case: | | |
|---|-------------------------------|---------------------------------|
| United States Bankruptcy Court for the: | | |
| NORTHERN DISTRICT OF ILLINOIS, EASTERN DIVISION | | |
| Case number (if known) | Chapter you are filing under: | |
| | Chapter 7 | |
| | ☐ Chapter 11 | |
| | ☐ Chapter 12 | |
| | ☐ Chapter 13 | Check if this an amended filing |

Official Form 101

Voluntary Petition for Individuals Filing for Bankruptcy

12/15

The bankruptcy forms use you and Debtor 1 to refer to a debtor filing alone. A married couple may file a bankruptcy case together—called a *joint* case—and in joint cases, these forms use you to ask for information from both debtors. For example, if a form asks, "Do you own a car," the answer would be yes if either debtor owns a car. When information is needed about the spouses separately, the form uses *Debtor 1* and *Debtor 2* to distinguish between them. In joint cases, one of the spouses must report information as *Debtor 1* and the other as *Debtor 2*. The same person must be *Debtor 1* in all of the forms.

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

| Pa | t1: Identify Yourself | | |
|----|---|--|---|
| | | About Debtor 1: | About Debtor 2 (Spouse Only in a Joint Case): |
| 1. | Your full name | | |
| | Write the name that is on | Iraiz | |
| | your government-issued picture identification (for example, your driver's license or passport). | First name | First name |
| | | Middle name | Middle name |
| | Bring your picture | Barrera | |
| | identification to your meeting with the trustee. | Last name and Suffix (Sr., Jr., II, III) | Last name and Suffix (Sr., Jr., II, III) |
| 2. | All other names you have used in the last 8 years | 9 | |
| | Include your married or maiden names. | | |
| 3. | Only the last 4 digits of your Social Security number or federal Individual Taxpayer Identification number (ITIN) | xxx-xx-3491 | |
| | | | |

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| De | btor 1 Barrera, Iraiz | | Case number (if known) | | | | |
|----|---|---|--|--|--|--|--|
| | | About Debtor 1: | About Debtor 2 (Spouse Only in a Joint Case): | | | | |
| | | | | | | | |
| 4. | Any business names and Employer Identification Numbers (EIN) you have used in the last 8 years | ■ I have not used any business name or EINs. | ☐ I have not used any business name or EINs. | | | | |
| | Include trade names and doing business as names | Business name(s) | Business name(s) | | | | |
| | | EINs | EINs | | | | |
| 5. | Where you live | | If Debtor 2 lives at a different address: | | | | |
| | | 4344 W Parker Ave | | | | | |
| | | Chicago, IL 60639-2035 Number, Street, City, State & ZIP Code | Number, Street, City, State & ZIP Code | | | | |
| | | · | • | | | | |
| | | Cook | County | | | | |
| | | If your mailing address is different from the one above, fill it in here. Note that the court will send any notices to you at this mailing address. | If Debtor 2's mailing address is different from yours, fill it in here. Note that the court will send any notices to this mailing address. | | | | |
| | | Number, P.O. Box, Street, City, State & ZIP Code | Number, P.O. Box, Street, City, State & ZIP Code | | | | |
| 6. | Why you are choosing this district to file for | Check one: | Check one: | | | | |
| | bankruptcy | Over the last 180 days before filing this petition, I have lived in this district longer than in any other district. | Over the last 180 days before filing this petition, I have lived in this district longer than in any other district. | | | | |
| | | ☐ I have another reason. Explain. (See 28 U.S.C. § 1408.) | ☐ I have another reason. Explain. (See 28 U.S.C. § 1408.) | | | | |
| | | | | | | | |

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| Dec | Barrera, Iraiz | | | | | Case number (if known) | | | |
|-----|---|---|---|--|----------------------------------|---|-------|--|--|
| | | | | | | | | | |
| Par | t 2: Tell the Court About \ | our E | Sankruptcy Ca | se | • | | | | |
| 7. | The chapter of the Bankruptcy Code you are | Check one. (For a brief description of each, see Notice Required by 11 U.S.C. § 342(b) for Individuals Filing for Bankruptcy (Form 2010)). Also, go to the top of page 1 and check the appropriate box. | | | | | | | |
| | choosing to file under | Chapter 7 | | | | | | | |
| | | | Chapter 11 | | | | | | |
| | | | Chapter 12 | | | | | | |
| | | | Chapter 13 | | | | | | |
| 8. | How you will pay the fee | | I will pay the entire fee when I file my petition. Please check with the clerk's office in your local court for more details about how you may pay. Typically, if you are paying the fee yourself, you may pay with cash, cashier's check, or money order If your attorney is submitting your payment on your behalf, your attorney may pay with a credit card or check with a pre-printed address. | | | | | | |
| | | | | r the tee in installin Installments (Official | | , sign and attach the Application for Individuals to Pay | ine | | |
| | | | not required to your family size | o, waive your fee, ar ze and you are unab | nd may do so only if your incom- | only if you are filing for Chapter 7. By law, a judge may, e is less than 150% of the official poverty line that applicantly on the choose this option, you must fill out the Applicantly file it with your petition. | es to | | |
| | | | | | | | | | |
| 9. | Have you filed for bankruptcy within the last 8 years? | ■ N | | | | | | | |
| | - | | District | | When | Case number | | | |
| | | | District | | When | Case number | | | |
| | | | District | | When | Case number | | | |
| 10. | Are any bankruptcy cases pending or being filed by a spouse who is not filing this case with you, or by a business partner, or by an affiliate? | ■ N | | | | | | | |
| | | | Debtor | | | Relationship to you | | | |
| | | | District | | When | Case number, if known | | | |
| | | | Debtor | | | Relationship to you | | | |
| - | • | | District | | When | Case number, if known | | | |
| 11. | Do you rent your | ■ N | o. Go to ! | ine 12. | | | | | |
| | residence? | □ Y | es. Has yo | ur landlord obtained | I an eviction judgment against y | ou and do you want to stay in your residence? | | | |
| | | | | No. Go to line 12. | | | | | |
| | | | | Yes. Fill out <i>Initial</i> bankruptcy petition | | adgment Against You (Form 101A) and file it with this | | | |
| | | | | | | | | | |

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| Deb | tor 1 <u>Ba</u> | rrera, Iraiz | | | | Case number (if known) | | |
|-----|--|--|----------------------|---|-------------------------------------|---|--|--|
| | | | | | | | | |
| Par | 3: Repo | ort About Any Bus | inesses Y | ou Own | as a Sole Proprieto | r | | |
| 12. | | sole proprietor I- or part-time ? | ■ No. | Go to | Part 4. | | | |
| | | | ☐ Yes. | Name | and location of bus | iness | | |
| | business y individual, separate le | prietorship is a you operate as an and is not a egal entity such as on, partnership, | | Name of business, if any | | | | |
| | sole propri | e more than one etorship, use a heet and attach it | | Numb | er, Street, City, Stat | e & ZIP Code | | |
| | to this pet | tion. | | Check | • • • | to describe your business: | | |
| | | | | | | ess (as defined in 11 U.S.C. § 101(27A)) | | |
| | | | | | Single Asset Real | Estate (as defined in 11 U.S.C. § 101(51B)) | | |
| | | | | | Stockbroker (as de | fined in 11 U.S.C. § 101(53A)) | | |
| | | • | | | Commodity Broker | (as defined in 11 U.S.C. § 101(6)) | | |
| | | | | | None of the above | | | |
| 13. | Chapter 1 Bankrupt | iling under 1 of the cy Code and are all business | deadlines operations | you are filing under Chapter 11, the court must know whether you are a small business debtor so that it can set appropriate addines. If you indicate that you are a small business debtor, you must attach your most recent balance sheet, statement of erations, cash-flow statement, and federal income tax return or if any of these documents do not exist, follow the procedure S.C. 1116(1)(B). | | | | |
| | For a defin | nition of small | ■ No. | i am r | ot filing under Chap | ter 11. | | |
| | | debtor, see 11 | □ No. | I am f Code. | | 11, but I am NOT a small business debtor according to the definition in the Bankruptcy | | |
| | | | ☐ Yes. | l am f | ling under Chapter | 11 and I am a small business debtor according to the definition in the Bankruptcy Code. | | |
| Par | 4: Rep | ort if You Own or I | Have Any | Hazardo | ıs Property or Any | Property That Needs Immediate Attention | | |
| 14. | | wn or have any | ■ No. | | | | | |
| | alleged to | that poses or is pose a threat of and identifiable public health or | ☐ Yes. | What is | he hazard? | | | |
| | safety? C | r do you own erty that needs e attention? | | | iate attention is why is it needed? | | | |
| | perishable livestock t | ole, do you own goods, or hat must be fed, ng that needs airs? | | Where is | the property? | Number, Street, City, State & Zip Code | | |
| | | | | | | | | |

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| Debtor 1 Barrera, Iraiz | | | | | | Case number (if known) | | |
|-------------------------|---|------|---|------------|---|---|--|--|
| Part | 5: Explain Your Efforts to | o Re | ceive a Briefing About Credit Counseling | | | | | |
| | · · · · · · · · · · · · · · · · · · · | Abo | out Debtor 1: | | About Debtor 2 (Spouse Only in a Joint Case): | | | |
| 15. | Tell the court whether you have received a briefing about credit counseling. | | I must check one: I received a briefing from an approved credit counseling agency within the 180 days before filed this bankruptcy petition, and I received a certificate of completion. | e i | | must check one: I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion. | | |
| | The law requires that you receive a briefing about credit counseling before you | | Attach a copy of the certificate and the payment p if any, that you developed with the agency. | olan, | | Attach a copy of the certificate and the payment plan, if any, that you developed with the agency. | | |
| | file for bankruptcy. You must truthfully check one of the following choices. If you cannot do so, you are not eligible to file. | | I received a briefing from an approved credit counseling agency within the 180 days befor- filed this bankruptcy petition, but I do not have certificate of completion. | e I | | I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion. | | |
| | If you file anyway, the court can dismiss your case, you will lose whatever filing fee | | Within 14 days after you file this bankruptcy petiti you MUST file a copy of the certificate and payme plan, if any. | | | Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if any. | | |
| | you paid, and your creditors can begin collection activities again. | | I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary wait | | | I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement. | | |
| | | | of the requirement. To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and | | | To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case. | | |
| | | | what exigent circumstances required you to file the case. Your case may be dismissed if the court is | nis | | Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy. | | |
| | | | dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy. If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, | | | If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed. | | |
| | | | if any. If you do not do so, your case may be dismissed. | | | Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days. | | |
| | | | Any extension of the 30-day deadline is granted of cause and is limited to a maximum of 15 day I am not required to receive a briefing about credit counseling because of: | s. | | I am not required to receive a briefing about credit counseling because of: | | |
| | | | Incapacity. I have a mental illness or a mental deficie that makes me incapable of realizing or mational decisions about finances. | • | | Incapacity. I have a mental illness or a mental deficiency that makes me incapable of realizing or making rational decisions about finances. | | |
| | | | Disability. My physical disability causes me to be un to participate in a briefing in person, by phoor through the internet, even after I reasonatied to do so. | one, | | Disability. My physical disability causes me to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so. | | |
| | • | | Active duty. I am currently on active military duty in a military combat zone. | | | Active duty. I am currently on active military duty in a military combat zone. | | |
| | | | If you believe you are not required to receive a bri about credit counseling, you must file a motion to waiver credit counseling with the court. | | | If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver of credit counseling with the court. | | |

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| Debt | or 1 Barrera, Iraiz | | | Case nu | mber (if known) | | | |
|------|--|--|--|---|---|--|--|--|
| Part | 6: Answer These Question | ons for Repo | rting Purposes | | | | | |
| 16. | What kind of debts do you have? | | re your debts primarily consum dividual primarily for a personal, fa | | lefined in 11 U.S.C.§ 101(8) as "incurred by an | | | |
| | | | No. Go to line 16b. | | | | | |
| | | | Yes. Go to line 17. | | | | | |
| | | | re your debts primarily busines ra business or investment or throu | | ots that you incurred to obtain money or investment. | | | |
| | | | No. Go to line 16c. | | | | | |
| | | | Yes. Go to line 17. | | | | | |
| | | 16c. St | ate the type of debts you owe that | are not consumer debts or busine | ess debts | | | |
| 17. | Are you filing under Chapter 7? | □ No. I a | m not filing under Chapter 7. Go | to line 18. | | | | |
| | Do you estimate that after any exempt property is excluded and | | m filing under Chapter 7. Do you oid that funds will be available to di | | perty is excluded and administrative expenses are | | | |
| | administrative expenses are paid that funds will be | | No | | | | | |
| | available for distribution to unsecured creditors? | | Yes | | | | | |
| 18. | How many Creditors do | 1 -49 | | ☐ 1,000-5,000 | □ 25,001-50,000 | | | |
| | you estimate that you owe? | □ 50-99 | | 5001-10,000 | 50,001-100,000 | | | |
| | | □ 100-199 □ 200-999 | | 10,001-25,000 | ☐ More than100,000 | | | |
| 19. | How much do you | \$ \$0 - \$50,0 | 000 | ☐ \$1,000,001 - \$10 million | ☐ \$500,000,001 - \$1 billion | | | |
| | estimate your assets to be worth? | □ \$50,001 - | \$100,000 | □ \$10,000,001 - \$50 million | \$1,000,000,001 - \$10 billion | | | |
| | | □ \$100,001 - \$500,000 □ \$500,001 - \$1 million | | □ \$50,000,001 - \$100 million □ \$100,000,001 - \$500 million | ☐ \$10,000,000,001 - \$50 billion☐ More than \$50 billion | | | |
| | | ш \$500,001 | - \$1 Hillion | | | | | |
| 20. | How much do you estimate your liabilities to | □ \$0 - \$50, | | □ \$1,000,001 - \$10 million | \$500,000,001 - \$1 billion | | | |
| | be? | \$50,001 | | □ \$10,000,001 - \$50 million □ \$50,000,001 - \$100 million | □ \$1,000,000,001 - \$10 billion □ \$10,000,000,001 - \$50 billion | | | |
| | | □ \$100,001 □ \$500,001 | | □ \$100,000,001 - \$500 million | ☐ More than \$50 billion | | | |
| Part | 7: Sign Below | | | | | | | |
| For | you | I have exami | ned this petition, and I declare und | der penalty of perjury that the infor | mation provided is true and correct. | | | |
| | | | sen to file under Chapter 7, I am . I understand the relief available u | | ble, under Chapter 7, 11,12, or 13 of title 11, United to proceed under Chapter 7. | | | |
| | | | represents me and I did not pay of and read the notice required by | | ot an attorney to help me fill out this document, I | | | |
| | | I request rel | ief in accordance with the chapte | r of title 11, United States Code, | specified in this petition. | | | |
| | | l understand case/can res | making a false statement, concea- ult in fines up to \$250,000, or imp | aling property, or obtaining money risonment for up to 20 years, or b | or property by fraud in connection with a bankruptcy oth. 18 U.S.C. §§ 152, 1341, 1519, and 3571. | | | |
| | | Iraiz Barre Signature of | | Signature of D | ebtor 2 | | | |
| | | Executed on | | Executed on | | | | |
| | | | MM / DD / YYYY | | MM / DD / YYYY | | | |

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| Debtor 1 Barrera, Iraiz | | Case number (if known) | | | | |
|---|---|---|--|--|--|--|
| | | | | | | |
| For your attorney, if you are represented by one If you are not represented by an attorney, you do not need to file this page. | I, the attorney for the debtor(s) named in this petition, de Chapter 7, 11, 12, or 13 of title 11, United States Code, a person is eligible. I also certify that I have delivered to the which § 707(b)(4)(D) applies, certify that I have no know petition is incorrect. | and have explained the debtor(s) the notice | ne relief available under each chapter for which the e required by 11 U.S.C. § 342(b) and, in a case in | | | |
| to mo imo pago. | /s/ Michael R. Richmond | Date | June 3, 2016 | | | |
| | Signature of Attorney for Debtor | | MM / DD / YYYY | | | |
| | Michael R. Richmond Printed name Heller & Richmond, Ltd. | | | | | |
| | Firm name | | | | | |
| | 33 N Dearborn St Ste 1907 Chicago, IL 60602-3828 | | | | | |
| | Number, Street, City, State & ZIP Code | | | | | |
| | Contact phone (312) 781-6700 | Email address | mrichmond@hellerrichmond.com | | | |
| | 3124632 | | | | | |
| | Bar number & State | | | | | |

| Fill in this inf Debtor 1 | ormation to identify y | | Document Page 8 of 54 | | |
|---|---|--|--|---|---|
| Debtor 1 | | our case and thi | | | |
| | Iraiz Barrera | | | | |
| 2-1-10 | First Name | Middle | Name Last Name | | |
| Debtor 2 Spouse, if filing) | First Name | Middle | Name Last Name | | |
| Jnited States | Bankruptcy Court for t | he: NORTHER | N DISTRICT OF ILLINOIS, EASTERN DIVISIO | NC | |
| Case number | | | | | ☐ Check if this is an |
| | | | | | amended filing |
| Sched | Form 106A/B ule A/B: Pr | | n asset only once. If an asset fits in more than o | ne category, list the asse | 12/15 |
| nink it fits best formation. If n nswer every q | t. Be as complete and ac more space is needed, at juestion. | ccurate as possible ttach a separate sh | n asset only once. If an asset lits in more than o . If two married people are filing together, both a eet to this form. On the top of any additional pag er Real Estate You Own or Have an Interest In | re equally responsible for | supplying correct |
| Yes. Whe | ere is the property? | | What is the manualty? Obertally like to seek | | |
| .1 | | | What is the property? Check all that apply Single-family home | Do not deduct secure | |
| | | | | | ed claims or exemptions. Put |
| | Paulina St ress, if available, or other desc | ription | Duplex or multi-unit building Condominium or cooperative | | ed claims or exemptions. Put cured claims on Schedule D: Claims Secured by Property. |
| Street addr | ess, if available, or other desc | 60636-2217 | Condominium or cooperative Manufactured or mobile home Land | Current value of the entire property? | Current value of the portion you own? |
| Street addr | ess, if available, or other desc | | Condominium or cooperative Manufactured or mobile home Land Investment property | Creditors Who Have | Current value of the portion you own? |
| Street addr | ess, if available, or other description | 60636-2217 | Condominium or cooperative Manufactured or mobile home Land | Current value of the entire property? \$20,000.0 Describe the nature (such as fee simple, | Current value of the portion you own? Of your ownership interest, tenancy by the entireties, or |
| Chicag City Cook | ess, if available, or other description | 60636-2217 | Condominium or cooperative Manufactured or mobile home Land Investment property Timeshare Other Who has an interest in the property? Check one | Current value of the entire property? \$20,000.0 Describe the nature (such as fee simple, | Current value of the portion you own? Of your ownership interest, tenancy by the entireties, or |
| Chicag City | ess, if available, or other description | 60636-2217 | Condominium or cooperative Manufactured or mobile home Land Investment property Timeshare Other Who has an interest in the property? Check one Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another | Current value of the entire property? \$20,000.0 Describe the nature (such as fee simple, a life estate), if know | Current value of the portion you own? Of your ownership interest, tenancy by the entireties, or |
| Chicag City Cook | ess, if available, or other description | 60636-2217 | Condominium or cooperative Manufactured or mobile home Land Investment property Timeshare Other Who has an interest in the property? Check one Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only | Current value of the entire property? \$20,000.0 Describe the nature (such as fee simple, a life estate), if know | Current value of the portion you own? O \$20,000.00 of your ownership interest, tenancy by the entireties, or vn. |

Do you own, lease, or have legal or equitable interest in any vehicles, whether they are registered or not? Include any vehicles you own that someone else drives. If you lease a vehicle, also report it on Schedule G: Executory Contracts and Unexpired Leases.

Part 2: Describe Your Vehicles

Case 16-18958 Filed 06/08/16 Entered 06/08/16 16:11:14 Document Page 9 of 54 Case number (if known) Debtor 1 Barrera, Iraiz 3. Cars, vans, trucks, tractors, sport utility vehicles, motorcycles ☐ No Yes Do not deduct secured claims or exemptions. Put Who has an interest in the property? Check one 3.1 Make: the amount of any secured claims on Schedule D: Model: ■ Debtor 1 only Creditors Who Have Claims Secured by Property. Year: Debtor 2 only Current value of the Current value of the Approximate mileage: entire property? portion you own? Debtor 1 and Debtor 2 only Other information: ☐ At least one of the debtors and another 2012 Honda CVR 250 \$2,000.00 \$2,000.00 motorcycle that does not run ☐ Check if this is community property (see instructions) 4. Watercraft, aircraft, motor homes, ATVs and other recreational vehicles, other vehicles, and accessories Examples: Boats, trailers, motors, personal watercraft, fishing vessels, snowmobiles, motorcycle accessories ■ No ☐ Yes 5 Add the dollar value of the portion you own for all of your entries from Part 2, including any entries for pages \$2,000.00 you have attached for Part 2. Write that number here......>> Part 3: Describe Your Personal and Household Items Do you own or have any legal or equitable interest in any of the following items? Current value of the portion you own? Do not deduct secured claims or exemptions. 6. Household goods and furnishings Examples: Major appliances, furniture, linens, china, kitchenware □ No Yes. Describe..... \$500.00 2 bedroom sets \$500.00 misc household goods 7. Electronics Examples: Televisions and radios; audio, video, stereo, and digital equipment; computers, printers, scanners; music collections; electronic devices including cell phones, cameras, media players, games ☐ No Yes. Describe..... Samsung Galaxy S, 2 (Toshiba + RCA) 40" flat screen + DVD \$750.00 player 8. Collectibles of value Examples: Antiques and figurines; paintings, prints, or other artwork; books, pictures, or other art objects; stamp, coin, or baseball card collections; other collections, memorabilia, collectibles ■ No ☐ Yes. Describe..... 9. Equipment for sports and hobbies Examples: Sports, photographic, exercise, and other hobby equipment; bicycles, pool tables, golf clubs, skis; canoes and kayaks; carpentry tools; musical instruments ■ No ☐ Yes. Describe..... 10. Firearms Examples: Pistols, rifles, shotguns, ammunition, and related equipment ■ No

Desc Main

Doc 1

| | | Case 10- | 10920 | DOC 1 | | 01/00/10 | | | 710 10.11.14 | Desc Main |
|-----|---------------------------|---|--------------|---------------------------|-------------|----------------|---------------|-----------------------------|-----------------------|---|
| De | btor 1 | Barrera, Irai | iz | | Docu | ment | Page | 10 of 54 _{C:} — | ase number (if known, |) |
| | ☐ Yes. | Describe | | | | | | | | |
| | □ No [′] | s ples: Everyday clo Describe | , , | | | ear, shoes, ac | ccessories | | | \$500.00 |
| | | | Necess | ary clothing | | | | | | <u></u> |
| | ■ No | | welry, costu | me jewelry, eng | agement r | ings, wedding | g rings, hei | irloom jewelry, | watches, gems, gold | l, silver |
| | | rm animals oles: Dogs, cats, | birds, horse | es | | | | | | |
| | ☐ Yes. | Describe | | | | | | | | |
| | ■ No | her personal an | | • | lid not alr | eady list, ind | cluding an | ny health aids | you did not list | |
| 15 | | the dollar value 3. Write that nun | | | | | | for pages you | have attached for | \$2,250.00 |
| Pai | rt 4: De | scribe Your Finan | ncial Assets | | | | | | | |
| Do | you ov | vn or have any l | egal or equ | uitable interes | t in any of | the followin | ng? | | | Current value of the portion you own? Do not deduct secured claims or exemptions. |
| | □ No | | - | | | | box, and o | on hand when y | ou file your petition | |
| | ■ Yes | | | | | | | | Cash on hand | \$30.00 |
| | Exam _l □ No | institutions. | • | ther financial ace | | | itution, list | | unions, brokerage ho | uses, and other similar |
| | Yes | | | | | monation | iamo. | | | |
| | | | 17.1. | Checking A | ccount | TCF | | | | \$500.00 |
| | Exami ■ No | , mutual funds, oles: Bond funds, | investment | | brokerage | • | / market ac | ccounts | | |
| | joint v | ublicly traded st venture | ock and in | terests in inco | rporated | and unincor | porated b | ousinesses, in | cluding an interest | in an LLC, partnership, and |
| | ■ No □ Yes. | Give specific inf | | bout them e of entity: | | | | 9 | % of ownership: | |
| | Negoti | nment and corpo iable instruments egotiable instrum | include per | sonal checks, c | ashiers' c | hecks, promi | ssory notes | s, and money | | |

Official Form 106A/B Schedule A/B: Property page 3

| | | Case 16-18958 | Doc 1 | Filed 06/08/16 Document | Entered 06/08/16 16:11:14 Page 11 of 54 | Desc Main |
|----|------------------|---|--------------------|------------------------------|--|---|
| D | ebtor 1 | Barrera, Iraiz | | Document | Case number (if known) | |
| | ☐ Yes. 0 | Give specific information abo Issue | ut them r name: | | | |
| 21 | | nent or pension accounts les: Interests in IRA, ERISA | , Keogh, 401(k | x), 403(b), thrift savings | accounts, or other pension or profit-sharing p | lans |
| | ☐ Yes. I | ist each account separately. Type of | | Institution n | ame: | |
| 22 | Your sh Examp | | ou have made: | | e service or use from a company c, gas, water), telecommunications companies, | or others |
| | ■ No □ Yes | | | Institution n | ame or individual: | |
| 23 | Annuiti | es (A contract for a periodic | payment of mo | oney to you, either for life | e or for a number of years) | |
| | ☐ Yes | Issuer name | and descriptio | n. | | |
| 24 | | C. §§ 530(b)(1), 529A(b), and | d 529(b)(1). | | ram, or under a qualified state tuition progressors of any interests.11 U.S.C. § 521(c): | am. |
| 25 | | | · | , , | listed in line 1), and rights or powers exerc | risable for your benefit |
| 23 | ■ No | Give specific information ab | | , (other than anything | nisted in line 1), and rights of powers exert | isable for your beliefft |
| 26 | | , copyrights, trademarks, les: Internet domain names, | | | | |
| | ☐ Yes. | Give specific information ab | out them | | | |
| 27 | | es, franchises, and other goles: Building permits, exclusions | | | oldings, liquor licenses, professional licenses | |
| | ☐ Yes. | Give specific information ab | out them | | | |
| M | oney or p | property owed to you? | | | | Current value of the portion you own? Do not deduct secured claims or exemptions. |
| 28 | _ | unds owed to you | | | | |
| | ■ No □ Yes. 0 | Give specific information abo | ut them, includ | ding whether you already | y filed the returns and the tax years | |
| 29 | ■ No | | limony, spous | al support, child suppo | rt, maintenance, divorce settlement, property | settlement |
| 30 | | mounts someone owes yo | | | | |
| | Examp ■ No | les: Unpaid wages, disability unpaid loans you made | | | s, sick pay, vacation pay, workers' compensat | ion, Social Security benefits; |
| | _ | Give specific information | | | | |
| 31 | | s in insurance policies les: Health, disability, or life i | nsurance; hea | lth savings account (HS | SA); credit, homeowner's, or renter's insurance | |
| | | Name the insurance compan | y of each polic | y and list its value. | | |

| | Case 16-18958 | Doc 1 Filed 06/08/10 Document | Page 12 of 54 | Desc Main |
|------------------------|---|--|--|------------------------------|
| Debtor 1 | Barrera, Iraiz | Document | Case number (if known) | |
| | Comp | pany name: | Beneficiary: | Surrender or refund value: |
| If you a died. ■ No | | te you from someone who has ditrust, expect proceeds from a life ins | ed surance policy, or are currently entitled to receive p | property because someone has |
| Examp. ■ No | | her or not you have filed a lawsu disputes, insurance claims, or righ | it or made a demand for payment ts to sue | |
| ■ No | ontingent and unliquidated Describe each claim | d claims of every nature, includir | ng counterclaims of the debtor and rights to s | et off claims |
| ■ No | ancial assets you did not a | already list | | |
| | | ur entries from Part 4, including a | any entries for pages you have attached for | \$530.00 |
| Part 5: Des | scribe Any Business-Related | Property You Own or Have an Interes | t In. List any real estate in Part 1. | |
| No. Go | , - | able interest in any business-related | property? | |
| | scribe Any Farm- and Comme ou own or have an interest in far | rcial Fishing-Related Property You O rmland, list it in Part 1. | wn or Have an Interest In. | |
| No. 0 | own or have any legal or of Go to Part 7. Go to line 47. | equitable interest in any farm- or | commercial fishing-related property? | |
| Part 7: | Describe All Property You C | Own or Have an Interest in That You D | Did Not List Above | |
| Examp. ■ No | have other property of an les: Season tickets, country | · | | |

Official Form 106A/B Schedule A/B: Property page 5

\$0.00

54. Add the dollar value of all of your entries from Part 7. Write that number here

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Case number (if known) Document

Debtor 1 Barrera, Iraiz

| Part | 8: List the Totals of Each Part of this Form | | | |
|------|--|------------|------------------------------|-------------|
| 55. | Part 1: Total real estate, line 2 | | | \$20,000.00 |
| 56. | Part 2: Total vehicles, line 5 | \$2,000.00 | | _ |
| 57. | Part 3: Total personal and household items, line 15 | \$2,250.00 | | |
| 58. | Part 4: Total financial assets, line 36 | \$530.00 | | |
| 59. | Part 5: Total business-related property, line 45 | \$0.00 | | |
| 60. | Part 6: Total farm- and fishing-related property, line 52 | \$0.00 | | |
| 61. | Part 7: Total other property not listed, line 54 | + \$0.00 | | |
| 62. | Total personal property. Add lines 56 through 61 | \$4,780.00 | Copy personal property total | \$4,780.00 |
| 63. | Total of all property on Schedule A/B. Add line 55 + line 62 | | | \$24,780.00 |

Official Form 106A/B Schedule A/B: Property page 6 Case 16-18958 Doc 1 Filed 06/08/16 Entered 06/08/16 16:11:14 Desc Main

| Fill in this inforn | nation to identify your | case: | | |
|------------------------|--------------------------|-------------------|--------------------------|-------|
| Debtor 1 | Iraiz Barrera First Name | Middle Name | Last Name | |
| Debtor 2 | FIIST INATHE | iviluale Name | Last Name | |
| (Spouse if, filing) | First Name | Middle Name | Last Name | |
| United States Ba | nkruptcy Court for the: | NORTHERN DISTRICT | OF ILLINOIS, EASTERN DIV | ISION |
| Case number (if known) | | | | |
| (if known) | | | | |

Official Form 106C

Schedule C: The Property You Claim as Exempt

4/16

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Using the property you listed on *Schedule A/B: Property* (Official Form 106A/B) as your source, list the property that you claim as exempt. If more space is needed, fill out and attach to this page as many copies of *Part 2: Additional Page* as necessary. On the top of any additional pages, write your name and case number (if known).

For each item of property you claim as exempt, you must specify the amount of the exemption you claim. One way of doing so is to state a specific dollar amount as exempt. Alternatively, you may claim the full fair market value of the property being exempted up to the amount of any applicable statutory limit. Some exemptions—such as those for health aids, rights to receive certain benefits, and tax-exempt retirement funds—may be unlimited in dollar amount. However, if you claim an exemption of 100% of fair market value under a law that limits the exemption to a particular dollar amount and the value of the property is determined to exceed that amount, your exemption would be limited to the applicable statutory amount.

- 1. Which set of exemptions are you claiming? Check one only, even if your spouse is filing with you.
 - You are claiming state and federal nonbankruptcy exemptions. 11 U.S.C. § 522(b)(3)
 - ☐ You are claiming federal exemptions. 11 U.S.C. § 522(b)(2)
- 2. For any property you list on Schedule A/B that you claim as exempt, fill in the information below.

| Brief description of the property and line on Schedule A/B that lists this property | Current value of the portion you own | Amo | Amount of the exemption you claim Specific laws that allow exemp | | |
|---|--------------------------------------|--|--|-----------------------|--|
| | Copy the value from Schedule A/B | n Check only one box for each exemption. | | | |
| 2 bedroom sets Line from Schedule A/B. 6.1 | \$500.00 | - | \$500.00 | 735 ILCS 5/12-1001(b) | |
| Ellic Holli Geriedale Arta G. 1 | | | 100% of fair market value, up to any applicable statutory limit | | |
| misc household goods Line from Schedule A/B 6.2 | \$500.00 | | \$500.00 | 735 ILCS 5/12-1001(b) | |
| LINE HOLL SCHEUUIE AVD. 0.2 | | | 100% of fair market value, up to any applicable statutory limit | | |
| Samsung Galaxy S, 2 (Toshiba + RCA) 40" flat screen + DVD player | \$750.00 | | \$750.00 | 735 ILCS 5/12-1001(b) | |
| Line from Schedule A/B. 7.1 | | | 100% of fair market value, up to any applicable statutory limit | | |
| Necessary clothing Line from Schedule A/B 11.1 | \$500.00 | | \$500.00 | 735 ILCS 5/12-1001(a) | |
| Life from Schedule AVE. 11.1 | | | 100% of fair market value, up to any applicable statutory limit | | |
| Cash on hand Line from Schedule A/B 16.1 | \$30.00 | | \$30.00 | 735 ILCS 5/12-1001(b) | |
| LINE HOLL SCHEUULE A/B. 10.1 | | | 100% of fair market value, up to any applicable statutory limit | | |

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| Brief description of the property and line on Schedule A/B that lists this property | Current value of the portion you own | Am | ount of the exemption you claim | Specific laws that allow exemption | |
|--|--------------------------------------|---|--------------------------------------|------------------------------------|--|
| | Copy the value from Schedule A/B | Check only one box for each exemption. | | | |
| TCF Line from Schedule A/B: 17.1 | \$500.00 ■ | | \$500.00 | 735 ILCS 5/12-1001(b) | |
| Line non schedule ALL 17.1 | | 100% of fair market value, up to any applicable statutory limit | | | |
| Are you claiming a homestead exemption of (Subject to adjustment on 4/01/19 and every 3 No | | | on or after the date of adjustment.) | | |
| Yes. Did you acquire the property covered by the exemption within 1,215 days before you filed this case? | | | | | |

Official Form 106C

3.

Yes

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| Ou | 30 10 10000 | Document Document | Page 16 | of 54 | 11.14 DC30 W | idiri |
|--|----------------------------|---|-----------------------|--|----------------------------|-----------------------------|
| Fill in this inform | ation to identify you | | | | | |
| Debtor 1 | Iraiz Barrera | | | | | |
| | First Name | Middle Name | Last Name | | } | |
| Debtor 2 (Spouse if, filing) | First Name | Middle Name | Last Name | | | |
| United States Par | okruptov Court for the | NORTHERN DISTRICT OF | II I INOIS EASTE | DNI DIIVISIONI | | |
| Officed States Bar | nkruptcy Court for the: | NORTHERN DISTRICT OF | ILLINOIS, EASTE | NI DIVISION | | |
| Case number | | | | | _ | if this is an ded filing |
| Official Form | 106D | | | | | |
| | | Who Have Claims | s Secured | by Property | V | 12/15 |
| | | | | | | |
| needed, copy the A | | If two married people are filing toge t, number the entries, and attach it | | | | |
| known). 1. Do any creditors | have claims secured by | vour property? | | | | |
| | • | is form to the court with your other | r schodulos Vou b | avo nothing also to re | nort on this form | |
| | | • | i scriedules. Tou ii | ave nothing else to rep | JOIT OIT THIS TOTTI. | |
| | all of the information b | elow. | | | | |
| | I Secured Claims | | | Column A | Column B | Column C |
| | | more than one secured claim, list the one aparticular claim, list the other credit | | Amount of claim | Value of collateral | Unsecured |
| much as possible, lis | st the claims in alphabeti | cal order according to the creditor 's n | name. | Do not deduct the value of collateral. | that supports this claim | portion If any |
| 2.1 American | Honda Finance | Describe the property that secure | es the claim: | \$4,533.00 | \$2,000.00 | \$2,533.00 |
| Creditor's Name | 3 | 2012 Honda CVR 250 mot that does not run | torcycle | | | |
| 1220 Old | Alpharetta Rd | As of the date you file, the claim | is: Chaok all that | | | |
| Alpharetta | | apply. | is. Check all that | | | |
| 30005-396 | | Contingent | | | | |
| Number, Street, | City, State & Zip Code | ☐ Unliquidated☐ Disputed | | | | |
| Who owes the de | bt? Check one. | Nature of lien. Check all that apply | y. | | | |
| ■ Debtor 1 only | | ☐ An agreement you made (such a | as mortgage or secu | red | | |
| Debtor 2 only | | car loan) | | | | |
| Debtor 1 and De | btor 2 only | ☐ Statutory lien (such as tax lien, r | mechanic's lien) | | | |
| ☐ At least one of the | ne debtors and another | ☐ Judgment lien from a lawsuit | | | | |
| Check if this cla | | Other (including a right to offset) |) | | | |
| community del | Dτ | | | | | |
| Date debt was incu | irred 06/01/2012 | Last 4 digits of account nu | umber <u>5265</u> | | | |
| | | | | | | |
| Add the dollar valu | e of vour entries in Col | lumn A on this page. Write that nun | nber here: | \$4,533 | .00 | |
| If this is the last pa | ige of your form, add th | e dollar value totals from all pages | | \$4,533 | | |
| Write that number | here: | | | \$4,555 | .00 | |
| Part 2: List Oth | ers to Be Notified fo | r a Debt That You Already Liste | ed | | | |
| trying to collect fro than one creditor f | om you for a debt you o | e notified about your bankruptcy fo we to someone else, list the credito you listed in Part 1, list the additio | or in Part 1, and the | n list the collection ag | ency here. Similarly, if y | ou have more |
| | iiii out or oublille til | h90. | | | | |
| | per, Street, City, State & | Zip Code | On which | ı line in Part 1 did you er | nter the creditor? 2.1 | |
| Americar PO Box 1 | า Honda Finance เลยกลล | | Look 4 die | rite of account number | 5265 | |
| | (75016-8088 | | Last 4 dig | gits of account number _ | <u>5205</u> | |

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| | | Document | Page 1 | 7 of 54 | | |
|--|---|--|--|--|---|--|
| Fill in th | nis information to identify your | case: | | | | |
| Debtor ² | 1 Iraiz Barrera | | | | | |
| | First Name | Middle Name | Last Name | | | |
| Debtor 2 (Spouse if | | Middle Name | Last Name | | | |
| | | | | | | |
| United S | States Bankruptcy Court for the: | NORTHERN DISTRICT OF IL | LINOIS, EAS | TERN DIVISION | | |
| Case nu | | | | | | |
| (if known) | | | | | _ | Check if this is an |
| | | | | | а | mended filing |
| Officia | al Form 106E/F | | | | | |
| Sche | dule E/F: Creditors V | Who Have Unsecured | Claims | | | 12/15 |
| ny exect schedule c Credito he Conti ase num | utory contracts or unexpired lease G: Executory Contracts and Unex ors Who Have Claims Secured by I nuation Page to this page. If you h her (if known). | Ise Part 1 for creditors with PRIORIT s that could result in a claim. Also lipired Leases (Official Form 106G). Deproperty. If more space is needed, coave no information to report in a Paragrams of the control of the | ist executory of not include a opy the Part yo | contracts on Schedule A/B: Pr any creditors with partially se ou need, fill it out, number the | operty (Officia cured claims t entries in the | al Form 106A/B) and on that are listed in Schedule boxes on the left. Attach |
| Part 1: | List All of Your PRIORITY U | | | | | |
| | No. Go to Part 2. | eu ciainis against you : | | | | |
| □ Y | | | | | | |
| Part 2: | List All of Your NONPRIORI | TY Unsecured Claims | | | | |
| | any creditors have nonpriority unse | | | | | |
| _ | | part. Submit this form to the court with | vour other sche | adulas | | |
| | | part. Submit this form to the court with | your officer scrie | aules. | | |
| Y | es. | | | | | |
| unse | ecured claim, list the creditor separate | claims in the alphabetical order of the ely for each claim. For each claim listed list the other creditors in Part 3.lf you h | , identify what t | ype of claim it is. Do not list clair | ms already incl | uded in Part 1. If more |
| | | | | | | Total claim |
| 4.1 | American Honda Finance | Last 4 digits of acc | ount number | 9767 | | \$19,581.00 |
| | Nonpriority Creditor's Name | NAUL and the state of the state | · ! 10 | 40/04/0040 | | |
| | 2170 Point Blvd | When was the deb | t incurrea? | 10/01/2013 | | - |
| _ | Elgin, IL 60123-7885 | | | | | |
| | Number Street City State Zlp Code | • | file, the claim | is: Check all that apply | | |
| | Who incurred the debt? Check one | | | | | |
| | ■ Debtor 1 only | ☐ Contingent | | | | |
| | Debtor 2 only | ☐ Unliquidated | | | | |
| | Debtor 1 and Debtor 2 only | ☐ Disputed Type of NONPRIOR | DITV uneocuro | d claim: | | |
| | At least one of the debtors and a | _ | tii i ulisecule | u Ciaiiii. | | |
| | ☐ Check if this claim is for a condebt Is the claim subject to offset? | illiulity | | aration agreement or divorce tha | at you did not | |
| | ■ No | | | ng plans, and other similar debts | ; | |
| | Yes | Other. Specify | | <u>.</u> | | |
| | — 163 | Other. Specify | | | | _ |

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Debtor 1 Barrera, Iraiz Case number (if know) 4.2 \$663.00 Citibank N.A. Last 4 digits of account number 5068 Nonpriority Creditor's Name When was the debt incurred? 06/01/2015 388 Greenwich St New York, NY 10013-2375 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ■ Debtor 1 only ☐ Contingent Debtor 2 only ■ Unliquidated Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt ☐ Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims ■ No Debts to pension or profit-sharing plans, and other similar debts ☐ Yes Other. Specify 4.3 Citibank N.A. Last 4 digits of account number \$490.00 6068 Nonpriority Creditor's Name When was the debt incurred? 08/01/2015 388 Greenwich St New York, NY 10013-2375 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ■ Debtor 1 only ☐ Contingent Debtor 2 only ■ Unliquidated Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: At least one of the debtors and another ☐ Student loans \square Check if this claim is for a community debt \square Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims ■ No Debts to pension or profit-sharing plans, and other similar debts ☐ Yes Other. Specify 4.4 Citibank N.A. Last 4 digits of account number \$450.00 3304 Nonpriority Creditor's Name When was the debt incurred? 08/01/2014 388 Greenwich St New York, NY 10013-2375 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ■ Debtor 1 only ☐ Contingent Debtor 2 only ☐ Unliquidated Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: \square At least one of the debtors and another ☐ Student loans \square Check if this claim is for a community debt ☐ Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims ■ No ☐ Debts to pension or profit-sharing plans, and other similar debts ☐ Yes Other. Specify

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Debtor 1 Barrera, Iraiz 4.5 \$665.00 **Dsnb Macys** Last 4 digits of account number 2670 Nonpriority Creditor's Name When was the debt incurred? 02/01/2013 PO Box 8218 Mason, OH 45040-8218 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ■ Debtor 1 only ☐ Contingent Debtor 2 only ■ Unliquidated Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt ☐ Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims ■ No Debts to pension or profit-sharing plans, and other similar debts ☐ Yes Other. Specify 4.6 Last 4 digits of account number Ge Capital Retail Bank 3306 \$7,578.00 Nonpriority Creditor's Name When was the debt incurred? 06/01/2014 170 W Election Rd Ste 125 Draper, UT 84020-6425 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ■ Debtor 1 only ☐ Contingent Debtor 2 only ■ Unliquidated Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: At least one of the debtors and another ☐ Student loans \square Check if this claim is for a community debt \square Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims ■ No Debts to pension or profit-sharing plans, and other similar debts ☐ Yes Other. Specify 4.7 Ge Capital Retail Bank Last 4 digits of account number \$1,892.00 3557 Nonpriority Creditor's Name When was the debt incurred? 06/01/2014 170 W Election Rd Ste 125 Draper, UT 84020-6425 Number Street City State ZIp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ■ Debtor 1 only ☐ Contingent Debtor 2 only ☐ Unliquidated Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: \square At least one of the debtors and another ☐ Student loans \square Check if this claim is for a community debt ☐ Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims ■ No ☐ Debts to pension or profit-sharing plans, and other similar debts ☐ Yes Other. Specify

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Debtor 1 Barrera, Iraiz \$4,500.00 4.8 Mohela/Dept of Ed Last 4 digits of account number 0002 Nonpriority Creditor's Name When was the debt incurred? 11/01/2015 633 Spirit Dr Chesterfield, MO 63005-1243 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ■ Debtor 1 only ☐ Contingent Debtor 2 only ■ Unliquidated Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt ☐ Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims ■ No Debts to pension or profit-sharing plans, and other similar debts ☐ Yes Other. Specify 4.9 Mohela/Dept of Ed Last 4 digits of account number 0001 \$2,250.00 Nonpriority Creditor's Name When was the debt incurred? 01/01/2015 633 Spirit Dr Chesterfield, MO 63005-1243 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ■ Debtor 1 only ☐ Contingent Debtor 2 only ■ Unliquidated Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: At least one of the debtors and another ☐ Student loans \square Check if this claim is for a community debt \square Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims ■ No Debts to pension or profit-sharing plans, and other similar debts ☐ Yes Other. Specify PORTFOLIO RECOVERY 6442 \$7.578.15 4 10 **ASSOCIATES** Last 4 digits of account number Nonpriority Creditor's Name When was the debt incurred? 120 CORPORATE BOULEVARD Norfolk, VA 23502 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ■ Debtor 1 only ☐ Contingent Debtor 2 only ☐ Unliquidated Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt ☐ Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims $\hfill\square$ Debts to pension or profit-sharing plans, and other similar debts ■ No ☐ Yes Other. Specify

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Debtor 1 Barrera, Iraiz Case number (if know) PORTFOLIO RECOVERY 6500 \$1,891.76 4.11 **ASSOCIATES** Last 4 digits of account number Nonpriority Creditor's Name When was the debt incurred? 120 CORPORATE BOULEVARD Norfolk, VA 23502 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ■ Debtor 1 only ☐ Contingent Debtor 2 only ■ Unliquidated Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community ☐ Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims Debts to pension or profit-sharing plans, and other similar debts ■ No ☐ Yes Other. Specify 4.12 **Progressive Insurance Company** Last 4 digits of account number 6534 \$210.00 Nonpriority Creditor's Name When was the debt incurred? Unknown 6300 Wilson Mills Rd Mayfield Village, OH 44143-2109 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ■ Debtor 1 only ☐ Contingent Debtor 2 only □ Unliquidated Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: At least one of the debtors and another \square Check if this claim is for a community ☐ Student loans debt \square Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims ■ No ☐ Debts to pension or profit-sharing plans, and other similar debts ☐ Yes Other. Specify 4.13 **Progressive Insurance Company** Last 4 digits of account number 6479 \$79.00 Nonpriority Creditor's Name When was the debt incurred? Unknown 6300 Wilson Mills Rd Mayfield Village, OH 44143-2109 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ■ Debtor 1 only ☐ Contingent Debtor 2 only ■ Unliquidated Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt $\hfill\square$ Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims $\hfill\square$ Debts to pension or profit-sharing plans, and other similar debts ■ No ☐ Yes Other. Specify

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| Barrera, Iraiz | | Case number (if know) | |
|---|--|--|------------|
| Sheffield Financial Co | Last 4 digits of account number | 0503 | \$6,857.00 |
| Nonpriority Creditor's Name | When was the debt incurred? | 04/01/2013 | |
| 2554 Lewisville Clemmons Rd Clemmons, NC 27012-8110 | | 04/01/2013 | |
| Number Street City State ZIp Code | As of the date you file, the claim | is: Check all that apply | |
| Who incurred the debt? Check one. | _ | | |
| Debtor 1 only | Contingent | | |
| Debtor 2 only | Unliquidated | | |
| Debtor 1 and Debtor 2 only | Disputed | | |
| At least one of the debtors and another | Type of NONPRIORITY unsecure | d claim: | |
| ☐ Check if this claim is for a community debt | ☐ Student loans | | |
| Is the claim subject to offset? | report as priority claims | ration agreement or divorce that you did not | |
| ■ No | Debts to pension or profit-sharing | g plans, and other similar debts | |
| ☐ Yes | Other. Specify | | |
| Sprint | Last 4 digits of account number | 0839 | \$578.00 |
| Nonpriority Creditor's Name | | | ψ570.00 |
| | When was the debt incurred? | 07/01/2015 | |
| 6200 Sprint Pkwy | | | |
| Overland Park, KS 66211-1158 Number Street City State Zlp Code | As of the date you file, the claim | is: Check all that apply | |
| Who incurred the debt? Check one. | • | | |
| ■ Debtor 1 only | ☐ Contingent | | |
| Debtor 2 only | ☐ Unliquidated | | |
| ☐ Debtor 1 and Debtor 2 only | ☐ Disputed | | |
| ☐ At least one of the debtors and another | Type of NONPRIORITY unsecure | d claim: | |
| ☐ Check if this claim is for a community | ☐ Student loans | | |
| debt | | ration agreement or divorce that you did not | |
| Is the claim subject to offset? | report as priority claims | | |
| ■ No | Debts to pension or profit-sharing | g plans, and other similar debts | |
| Yes | Other. Specify | | |
| Syncb/Sams Club DC | Last 4 digits of account number | 3306 | \$7,578.00 |
| Nonpriority Creditor's Name | When was the debt incurred? | 08/01/2010 | |
| PO Box 965005 | When was the dest mounted. | 00/01/2010 | |
| Orlando, FL 32896-5005 | | | |
| Number Street City State ZIp Code | As of the date you file, the claim | is: Check all that apply | |
| Who incurred the debt? Check one. | _ | | |
| Debtor 1 only | Contingent | | |
| Debtor 2 only | Unliquidated | | |
| Debtor 1 and Debtor 2 only | Disputed | d eleter. | |
| At least one of the debtors and another | Type of NONPRIORITY unsecure | d claim: | |
| Check if this claim is for a community debt | Student loans | | |
| Is the claim subject to offset? | Obligations arising out of a separeport as priority claims | ration agreement or divorce that you did not | |
| ■ No | Debts to pension or profit-sharin | g plans, and other similar debts | |
| □ Yes | Other. Specify | | |
| | - Other, Specify | | |

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| DCDI | Daireia, IIaiz | | | |
|------|--|--|---|------------|
| 4.17 | Synchrony Bank | Last 4 digits of account number | 5036 | \$1,387.00 |
| | Nonpriority Creditor's Name | When was the debt incurred? | 07/01/2014 | |
| | 950 Forrer Blvd | | 0170172014 | |
| | Kettering, OH 45420-1469 Number Street City State Zlp Code | _ | | |
| | | As of the date you file, the claim | is: Check all that apply | |
| | Who incurred the debt? Check one. | _ | | |
| | Debtor 1 only | Contingent | | |
| | Debtor 2 only | Unliquidated | | |
| | Debtor 1 and Debtor 2 only | ☐ Disputed | | |
| | At least one of the debtors and another | Type of NONPRIORITY unsecure | d claim: | |
| | Check if this claim is for a community | ☐ Student loans | | |
| | debt Is the claim subject to offset? | ☐ Obligations arising out of a separeport as priority claims | ration agreement or divorce that you did not | |
| | No | Debts to pension or profit-sharing | g plans, and other similar debts | |
| | ☐ Yes | · | | |
| | ☐ Yes | Other. Specify | | |
| 4.18 | Td Bank USA/Targetcred | Last 4 digits of account number | 0495 | \$490.00 |
| | Nonpriority Creditor's Name | | 44/04/0000 | |
| | PO Box 673 | When was the debt incurred? | 11/01/2006 | |
| | Minneapolis, MN 55440-0673 | | | |
| | Number Street City State Zlp Code | As of the date you file, the claim | | |
| | Who incurred the debt? Check one. | | | |
| | Debtor 1 only | ☐ Contingent | | |
| | Debtor 2 only | ☐ Unliquidated | | |
| | Debtor 1 and Debtor 2 only | ☐ Disputed | | |
| | ☐ At least one of the debtors and another | least one of the debtors and another Type of NONPRIORITY unsecured claim: | | |
| | ☐ Check if this claim is for a community | ☐ Student loans | | |
| | debt | Obligations arising out of a sepa | | |
| | Is the claim subject to offset? | report as priority claims | | |
| | No | Debts to pension or profit-sharing | g plans, and other similar debts | |
| | Yes | Other. Specify | | |
| 4.19 | Would Financial Naturals Book | Last 4 digits of account number | 4040 | \$453.00 |
| 4.13 | World Financial Network Bank Nonpriority Creditor's Name | Last 4 digits of account number | <u> 1646 </u> | \$453.UU |
| | | When was the debt incurred? | 12/01/2015 | |
| | 1 Righter Pkwy Ste 100 | | | |
| | Wilmington, DE 19803-1533 Number Street City State Zlp Code | As of the date you file, the claim | is. Chack all that apply | |
| | Who incurred the debt? Check one. | As of the date you me, the claim | S. Check all that apply | |
| | ■ Debtor 1 only | ☐ Contingent | | |
| | ☐ Debtor 2 only | ☐ Unliquidated | | |
| | | _ ` | | |
| | ☐ Debtor 1 and Debtor 2 only ☐ At least one of the debtors and another | ☐ Disputed Type of NONPRIORITY unsecured claim: | | |
| | | Student loans | | |
| | ☐ Check if this claim is for a community debt | _ | ration agreement or divorce that you did not | |
| | Is the claim subject to offset? | report as priority claims | | |
| | ■ No | Debts to pension or profit-sharing | g plans, and other similar debts | |
| | Yes | Other. Specify | | |
| | | - Outlott Opcomy | | |

Part 3: List Others to Be Notified About a Debt That You Already Listed

^{5.} Use this page only if you have others to be notified about your bankruptcy, for a debt that you already listed in Parts 1 or 2. For example, if a collection agency is trying to collect from you for a debt you owe to someone else, list the original creditor in Parts 1 or 2, then list the collection agency here. Similarly, if you have more than one creditor for any of the debts that you listed in Parts 1 or 2, list the additional creditors here. If you do not have additional persons to be notified for any debts in Parts 1 or 2, do not fill out or submit this page.

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| Debtor 1 Barrera, Iraiz | | Case number (if know) | |
|---|--|--|--|
| Name and Address American Honda Finan PO Box 168088 Irving, TX 75016-8088 | On which entry in Part 1 or Part 2 d Line 4.1 of (<i>Check one</i>): | id you list the original creditor? Part 1: Creditors with Priority Unsecured Claims Part 2: Creditors with Nonpriority Unsecured Claims | |
| II villy, 1 × 7 30 10-0000 | Last 4 digits of account number | 9767 | |
| Name and Address BB&T Attn: Bankruptcy Department 6010 Golding Center Dr | On which entry in Part 1 or Part 2 d Line 4.14 of (<i>Check one</i>): | iid you list the original creditor? Part 1: Creditors with Priority Unsecured Claims Part 2: Creditors with Nonpriority Unsecured Claims | |
| Winston Salem, NC 27103-9815 | Last 4 digits of account number | 0503 | |
| Name and Address Credit Coll PO Box 607 Norwood, MA 02062-0607 | On which entry in Part 1 or Part 2 d Line 4.12 of (<i>Check one</i>): | id you list the original creditor? Part 1: Creditors with Priority Unsecured Claims Part 2: Creditors with Nonpriority Unsecured Claims | |
| • | Last 4 digits of account number | 6534 | |
| Name and Address Credit Coll PO Box 607 Norwood, MA 02062-0607 | On which entry in Part 1 or Part 2 d Line 4.13 of (<i>Check one</i>): | id you list the original creditor? Part 1: Creditors with Priority Unsecured Claims Part 2: Creditors with Nonpriority Unsecured Claims | |
| | Last 4 digits of account number | 6479 | |
| Name and Address Credit Collections Svc PO Box 773 Needham, MA 02494-0918 | On which entry in Part 1 or Part 2 d Line 4.12 of (<i>Check one</i>): | id you list the original creditor? Part 1: Creditors with Priority Unsecured Claims Part 2: Creditors with Nonpriority Unsecured Claims | |
| , | Last 4 digits of account number | 6534 | |
| Name and Address Credit Collections Svc PO Box 773 Needham, MA 02494-0918 | On which entry in Part 1 or Part 2 d Line 4.13 of (<i>Check one</i>): | id you list the original creditor? Part 1: Creditors with Priority Unsecured Claims Part 2: Creditors with Nonpriority Unsecured Claims | |
| , | Last 4 digits of account number | 6479 | |
| Name and Address Enhanced Recovery Co L 8014 Bayberry Rd | On which entry in Part 1 or Part 2 d Line 4.15 of (<i>Check one</i>): | ☐ Part 1: Creditors with Priority Unsecured Claims | |
| Jacksonville, FL 32256-7412 | Last 4 digits of account number | ■ Part 2: Creditors with Nonpriority Unsecured Claims 0839 | |
| Name and Address Erc/Enhanced Recovery Corp 8014 Bayberry Rd | On which entry in Part 1 or Part 2 d Line <u>4.15</u> of (<i>Check one</i>): | id you list the original creditor? Part 1: Creditors with Priority Unsecured Claims Part 2: Creditors with Nonpriority Unsecured Claims | |
| Jacksonville, FL 32256-7412 | Last 4 digits of account number | 0839 | |
| Name and Address Midland Funding 2365 Northside Dr Ste 30 San Diego, CA 92108-2709 | On which entry in Part 1 or Part 2 d Line 4.3 of (<i>Check one</i>): | id you list the original creditor? Part 1: Creditors with Priority Unsecured Claims Part 2: Creditors with Nonpriority Unsecured Claims | |
| Can 2.0g0, 0/1 02.00 2.00 | Last 4 digits of account number | 6068 | |
| Name and Address Midland Funding 2365 Northside Dr Ste 300 San Diego, CA 92108-2709 | On which entry in Part 1 or Part 2 d Line 4.3 of (<i>Check one</i>): | id you list the original creditor? Part 1: Creditors with Priority Unsecured Claims Part 2: Creditors with Nonpriority Unsecured Claims | |
| | Last 4 digits of account number | 6068 | |
| Name and Address Mohela/Dept of Ed 633 Spirit Dr | On which entry in Part 1 or Part 2 d Line 4.8 of (<i>Check one</i>): | id you list the original creditor? Part 1: Creditors with Priority Unsecured Claims Part 2: Creditors with Nonpriority Unsecured Claims | |
| Chesterfield, MO 63005-1243 | Last 4 digits of account number | 0002 | |
| Name and Address | On which entry in Part 1 or Part 2 d | | |

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| Debtor 1 Barrera, Iraiz | | Case number (if know) | |
|--|---|---|--|
| Mohela/Dept of Ed 633 Spirit Dr | Line 4.9 of (Check one): | Part 1: Creditors with Priority Unsecured Claims | |
| Chesterfield, MO 63005-1243 | | ■ Part 2: Creditors with Nonpriority Unsecured Claims | |
| | Last 4 digits of account number | 0001 | |
| Name and Address | On which entry in Part 1 or Part 2 di | · <u> </u> | |
| Portfolio Recovery Attn: Bankruptcy | Line 4.6 of (Check one): | Part 1: Creditors with Priority Unsecured Claims | |
| PO Box 41067 | | ■ Part 2: Creditors with Nonpriority Unsecured Claims | |
| Norfolk, VA 23541-1067 | | | |
| | Last 4 digits of account number | 3306 | |
| Name and Address | On which entry in Part 1 or Part 2 di | · · | |
| Portfolio Recovery | Line <u>4.7</u> of (<i>Check one</i>): | Part 1: Creditors with Priority Unsecured Claims | |
| Attn: Bankruptcy PO Box 41067 | | ■ Part 2: Creditors with Nonpriority Unsecured Claims | |
| Norfolk, VA 23541-1067 | | | |
| | Last 4 digits of account number | 3557 | |
| Name and Address | On which entry in Part 1 or Part 2 di | | |
| Portfolio Recovery Attn: Bankruptcy | Line 4.17 of (<i>Check one</i>): | Part 1: Creditors with Priority Unsecured Claims | |
| PO Box 41067 | | ■ Part 2: Creditors with Nonpriority Unsecured Claims | |
| Norfolk, VA 23541-1067 | | | |
| | Last 4 digits of account number | 5036 | |
| Name and Address | On which entry in Part 1 or Part 2 di | · · <u> </u> | |
| Portfolio Recovery | Line 4.2 of (Check one): | Part 1: Creditors with Priority Unsecured Claims | |
| Attn: Bankruptcy PO Box 41067 | | ■ Part 2: Creditors with Nonpriority Unsecured Claims | |
| Norfolk, VA 23541-1067 | | | |
| | Last 4 digits of account number | 5068 | |
| Name and Address | On which entry in Part 1 or Part 2 di | <u> </u> | |
| Portfolio Recovery Attn: Bankruptcy | Line 4.19 of (Check one): | ☐ Part 1: Creditors with Priority Unsecured Claims | |
| PO Box 41067 | | ■ Part 2: Creditors with Nonpriority Unsecured Claims | |
| Norfolk, VA 23541-1067 | Look 4 digits of account number | 4040 | |
| | Last 4 digits of account number | 1646 | |
| Name and Address | On which entry in Part 1 or Part 2 di | <u> </u> | |
| Portfolio Recovery Attn: Bankruptcy | Line 4.4 of (Check one): | Part 1: Creditors with Priority Unsecured Claims | |
| PO Box 41067 | | ■ Part 2: Creditors with Nonpriority Unsecured Claims | |
| Norfolk, VA 23541-1067 | Last 4 digits of account number | 2004 | |
| | Last 4 digits of account number | 3304 | |
| Name and Address | On which entry in Part 1 or Part 2 di | · _ | |
| Portfolio Recovery Ass 120 Corporate Blvd Ste 1 | Line 4.6 of (Check one): | Part 1: Creditors with Priority Unsecured Claims | |
| Norfolk, VA 23502-4962 | | ■ Part 2: Creditors with Nonpriority Unsecured Claims | |
| | Last 4 digits of account number | 3306 | |
| Name and Address | On which entry in Part 1 or Part 2 di | d you list the original creditor? | |
| Portfolio Recovery Ass | Line <u>4.7</u> of (Check one): | ☐ Part 1: Creditors with Priority Unsecured Claims | |
| 120 Corporate Blvd Ste 1 Norfolk, VA 23502-4962 | | ■ Part 2: Creditors with Nonpriority Unsecured Claims | |
| | Last 4 digits of account number | 3557 | |
| Name and Address | On which entry in Part 1 or Part 2 di | d you list the original creditor? | |
| Portfolio Recovery Ass | Line 4.17 of (Check one): | ☐ Part 1: Creditors with Priority Unsecured Claims | |
| 120 Corporate Blvd Ste 1 | | ■ Part 2: Creditors with Nonpriority Unsecured Claims | |
| Norfolk, VA 23502-4962 | Last 4 digits of account number | 5036 | |
| Name and Address | On which and it Dodd Dodg | | |
| Name and Address | On which entry in Part 1 or Part 2 d | a you list the original creditor? | |

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| Debtor 1 Barrera, Iraiz | Document Page | 2 26 01 54 Case number (f know) |
|--|---|---|
| Portfolio Recovery Ass | Line 4.2 of (<i>Check one</i>): | ☐ Part 1: Creditors with Priority Unsecured Claims |
| 120 Corporate Blvd Ste 1 | | Part 2: Creditors with Nonpriority Unsecured Claims |
| Norfolk, VA 23502-4962 | Last 4 digits of account number | 5068 |
| Name and Address | On which entry in Part 1 or Part 2 did | you list the original creditor? |
| Portfolio Recovery Ass | Line 4.19 of (<i>Check one</i>): | ☐ Part 1: Creditors with Priority Unsecured Claims |
| 120 Corporate Blvd Ste 1 Norfolk, VA 23502-4962 | | Part 2: Creditors with Nonpriority Unsecured Claims |
| NOTION, VA 23302-4302 | Last 4 digits of account number | 1646 |
| Name and Address | On which entry in Part 1 or Part 2 did | you list the original creditor? |
| Portfolio Recovery Ass | Line 4.4 of (Check one): | ☐ Part 1: Creditors with Priority Unsecured Claims |
| 120 Corporate Blvd Ste 1 Norfolk, VA 23502-4962 | | Part 2: Creditors with Nonpriority Unsecured Claims |
| 1401101K, VA 23302-4302 | Last 4 digits of account number | 3304 |
| Name and Address | On which entry in Part 1 or Part 2 did | you list the original creditor? |
| Synchrony Bank/Sams Club | Line 4.16 of (Check one): | ☐ Part 1: Creditors with Priority Unsecured Claims |
| PO Box 965064 Orlando, FL 32896-5064 | | Part 2: Creditors with Nonpriority Unsecured Claims |
| Onando, 1 E 32030-3004 | Last 4 digits of account number | 3306 |
| Name and Address | On which entry in Part 1 or Part 2 did | you list the original creditor? |
| Target | Line 4.18 of (Check one): | ☐ Part 1: Creditors with Priority Unsecured Claims |
| C/O Financial & Retail Services Mailstop | | Part 2: Creditors with Nonpriority Unsecured Claims |
| PO Box 9475 | | |
| Minneapolis, MN 55440-9475 | | |
| | Last 4 digits of account number | 0495 |
| Name and Address | On which entry in Part 1 or Part 2 did | you list the original creditor? |
| Visa Dept Store National Bank | Line 4.5 of (Check one): | ☐ Part 1: Creditors with Priority Unsecured Claims |
| Attn: Bankruptcy PO Box 8053 | | ■ Part 2: Creditors with Nonpriority Unsecured Claims |
| Mason, OH 45040-8053 | Last 4 digits of account number | 2670 |

Part 4: Add the Amounts for Each Type of Unsecured Claim

6. Total the amounts of certain types of unsecured claims. This information is for statistical reporting purposes only. 28 U.S.C. §159. Add the amounts for each type of unsecured claim.

| | | | | T | otal Claim |
|--------------------------|-----|---|-----|----|------------|
| | 6a. | Domestic support obligations | 6a. | \$ | 0.00 |
| Total claims | 01 | | 01 | _ | |
| from Part 1 | 6b. | Taxes and certain other debts you owe the government | 6b. | \$ | 0.00 |
| | 6c. | Claims for death or personal injury while you were intoxicated | 6c. | \$ | 0.00 |
| | 6d. | Other. Add all other priority unsecured claims. Write that amount here. | 6d. | \$ | 0.00 |
| | 6e. | Total Priority. Add lines 6a through 6d. | 6e. | \$ | 0.00 |
| | | | | T | otal Claim |
| Tatal alaima | 6f. | Student loans | 6f. | \$ | 0.00 |
| Total claims from Part 2 | 6g. | Obligations arising out of a separation agreement or divorce that you did not report as priority claims | 6g. | \$ | 0.00 |
| | 6h. | Debts to pension or profit-sharing plans, and other similar debts | 6h. | \$ | 0.00 |
| | 6i. | Other. Add all other nonpriority unsecured claims. Write that amount here. | 6i. | \$ | 65,170.91 |
| | 6j. | Total Nonpriority. Add lines 6f through 6i. | 6j. | \$ | 65,170.91 |

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| | | | III FAUE / / ULD4 | |
|---------------------|--------------------------|-------------------|-------------------------------|--|
| Fill in this infor | mation to identify your | case: | | |
| Debtor 1 | Iraiz Barrera | | | |
| | First Name | Middle Name | Last Name | |
| Debtor 2 | | | | |
| (Spouse if, filing) | First Name | Middle Name | Last Name | |
| United States Ba | ankruptcy Court for the: | NORTHERN DISTRICT | OF ILLINOIS, EASTERN DIVISION | |
| Case number | | | | |
| (II KHOWH) | | | | |

Official Form 106G

Schedule G: Executory Contracts and Unexpired Leases

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the additional page, fill it out, number the entries, and attach it to this page. On the top of any additional pages, write your name and case number (if known).

- 1. Do you have any executory contracts or unexpired leases?
 - No. Check this box and file this form with the court with your other schedules. You have nothing else to report on this form.
 - ☐ Yes. Fill in all of the information below even if the contacts of leases are listed on Schedule A/B:Property (Official Form 106 A/B).
- List separately each person or company with whom you have the contract or lease. Then state what each contract or lease is for (for example, rent, vehicle lease, cell phone). See the instructions for this form in the instruction booklet for more examples of executory contracts and unexpired leases.

| | Person or | r company with Name, Number | whom you have the , Street, City, State and ZIP | contract or lease | State what the contract or lease is for |
|-----|------------|--------------------------------|--|-------------------|---|
| 2.1 | | | | | |
| | Name | | | | |
| | Number | Street | | | <u> </u> |
| | City | | State | ZIP Code | |
| 2.2 | | | | | |
| | Name | | | | |
| | | | | | |
| | Number | Street | | | |
| | | | | | _ |
| | City | | State | ZIP Code | |
| 2.3 | | | | | _ |
| | Name | | | | |
| | | | | | |
| | Number | Street | | | _ |
| | | C C C C | | | |
| | City | | State | ZIP Code | _ |
| 2.4 | , | | | | |
| | Name | | | | _ |
| | 1401110 | | | | |
| | | | | | <u></u> |
| | Number | Street | | | |
| | | | | | _ |
| | City | | State | ZIP Code | |
| 2.5 | | | | | <u></u> |
| | Name | | | | |
| | | | | | |
| | Number | Street | | | _ |
| | . 10111001 | 211001 | | | |
| | City | | State | ZIP Code | _ |
| | - ''' | | | | |

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| | | Docume | nt Page 28 c |)T 54 | |
|--|--|--|--|---|---|
| Fill in this i | nformation to identify your | | | | |
| Debtor 1 | Iraiz Barrera | | | | |
| | First Name | Middle Name | Last Name | } | |
| Debtor 2 (Spouse if, filing |) First Name | Middle Name | Last Name | | |
| United State | es Bankruptcy Court for the: | NORTHERN DISTRICT | OF ILLINOIS, EASTER | N DIVISION | |
| Case numbe | er | | | | |
| (if known) | | | | | Check if this is an amended filing |
| Official | Form 106H | | | | Ç |
| Schedu | ıle H: Your Cod | ebtors | | | 12/15 |
| are filing tog and number case numbe | jether, both are equally resp | onsible for supplying co the left. Attach the Additi Juestion. | rrect information. If mo onal Page to this page | ore space is needed, copy . On the top of any Addition | s possible. If two married people the Additional Page, fill it out, onal Pages, write your name and |
| ■ No | | | | | |
| | n the last 8 years, have you ia, Idaho, Louisiana, Nevada, | | | | tes and territories include Arizona, |
| _ | So to line 3. Did your spouse, former spous | se, or legal equivalent live w | rith you at the time? | | |
| line 2 a | gain as a codebtor only if th Schedule E/F (Official Form | at person is a guarantor | or cosigner. Make sure | you have listed the cred | h you. List the person shown in itor on Schedule D (Official Form E/F, or Schedule G to fill out |
| | olumn 1: Your codebtor ame, Number, Street, City, State and Z | IP Code | | Column 2: The credite Check all schedules the | or to whom you owe the debt hat apply: |
| 3.1 | | | | ☐ Schedule D, line | |
| N | ame | | | ☐ Schedule E/F, line | |
| | Olyand | | | ☐ Schedule G, line — | |
| | umber Street ity | State | ZIP Code | | |
| 3.2 | | | | ☐ Schedule D, line | _ |
| | ame | | | ☐ Schedule E/F, line ☐ Schedule G, line | |
| | umber Street ity | State | ZIP Code | _ | |
| C | ıty | Sidie | ZIP Code | | |

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| Fill | in this information to identify your car | se: | | | | | | | |
|-------------|--|-----------------------------|--|---------------|--------|-------------------------------------|---------------------------------|-----------------------------------|------------|
| | otor 1 Iraiz Barrera | | | | | | | | |
| _ | otor 2 | | | | _ | | | | |
| Uni | ted States Bankruptcy Court for the: | NORTHERN DISTRIC | CT OF ILLINOIS, E | ASTERN | _ | | | | |
| | se number nown) | | - | | | ☐ A supp | ended filing | ng postpetition o | chapter 13 |
| 0 | fficial Form 106I | | | | | MM / [| DD/ YYYY | | |
| S | chedule I: Your Inco | me | | | | | | | 12/15 |
| spo atta | plying correct information. If you a use. If you are separated and your ch a separate sheet to this form. O t 1: Describe Employment Fill in your employment | spouse is not filing wit | h you, do not inclu nal pages, write yo | ıde informa | atior | about your starts about your starts | spouse. If mo (if known). Aı | ore space is ne nswer every qu | eded, |
| | information. | | Debtor 1 | | | | | filing spouse | |
| | If you have more than one job, attach a separate page with information about additional | Employment status | ■ Employed □ Not employed | i | | | Employed Not employed | | |
| | employers. | Occupation | IRC Coordina | tor | | | | | |
| | Include part-time, seasonal, or self-employed work. | Employer's name | CEC Employn | nent Grou | ıp, | LLC | | | |
| | Occupation may include student or homemaker, if it applies. | Employer's address | 231 N Marting Schaumburg, | | 200 | 07 | | | |
| | | How long employed th | nere? 2 yea | rs | | | | | |
| Par | t 2: Give Details About Mont | thly Income | | | | | | | |
| | mate monthly income as of the dat ss you are separated. | te you file this form. If y | ou have nothing to r | eport for any | / line | e, write \$0 in th | e space. Inclu | ıde your non-filir | ng spouse |
| | u or your non-filing spouse have more e, attach a separate sheet to this forn | | oine the information | for all emplo | oyers | for that perso | n on the lines | below. If you ne | ed more |
| | | | | | | For Debtor 1 | | ebtor 2 or iling spouse | |
| 2. | List monthly gross wages, salary deductions). If not paid monthly, ca | | | 2. | \$ | 1,640 | .16 \$ | N/A | |
| 3. | Estimate and list monthly overting | me pay. | | 3. | +\$ | 0 | .00 +\$ _ | N/A | |
| 4. | Calculate gross Income. Add line | e 2 + line 3. | | 4. | \$ | 1,640.10 | \$ \$ | N/A | |

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| Deb | tor 1 | Barrera, Iraiz | _ | Case | number (if known) | | | |
|-----|---------------|--|------------|----------------|-------------------|------------|---------------------|--------|
| | | | | For | Debtor 1 | For Debtor | | |
| | Cop | y line 4 here | 4. | \$ | 1,640.16 | \$ | N/A | |
| 5. | Lict | all payroll deductions: | | | | | | |
| Э. | _ | | 5 - | Φ. | 202.22 | ф | N1/A | |
| | 5a. 5b. | Tax, Medicare, and Social Security deductions Mandatory contributions for retirement plans | 5a. 5b. | \$ \$ | 308.80 | \$ \$ | N/A N/A | |
| | 5c. | Voluntary contributions for retirement plans | 5c. | \$ \$ | 0.00 | \$ | N/A N/A | |
| | 5d. | Required repayments of retirement fund loans | 5d. | ^Ψ – | 0.00 | \$ | N/A | |
| | 5e. | Insurance | 5e. | <u> </u> | 0.00 | \$ | N/A | |
| | 5f. | Domestic support obligations | 5f. | \$_ | 0.00 | \$ | N/A | |
| | 5g. | Union dues | 5g. | <u> </u> | 0.00 | \$ | N/A | |
| | 5h. | Other deductions. Specify: | 5h.+ | \$ | | + \$ | N/A | |
| 6. | Add | the payroll deductions. Add lines 5a+5b+5c+5d+5e+5f+5g+5h. | — 6. | s — | 308.80 | \$ | N/A | |
| 7. | Cal | culate total monthly take-home pay. Subtract line 6 from line 4. | 7. | \$ | 1,331.36 | \$ | N/A | |
| | | • • • | | · — | 1,001.00 | · | | |
| 8. | 8a. | all other income regularly received: Net income from rental property and from operating a business, profession, or farm Attach a statement for each property and business showing gross | | | | | | |
| | | receipts, ordinary and necessary business expenses, and the total | | | | | | |
| | | monthly net income. | 8a. | \$ | 0.00 | \$ | N/A | |
| | 8b. | Interest and dividends | 8b. | \$_ | 0.00 | \$ | N/A | |
| | 8c. | Family support payments that you, a non-filing spouse, or a dependent regularly receive Include alimony, spousal support, child support, maintenance, divorce | | | | | | |
| | | settlement, and property settlement. | 8c. | \$ | 0.00 | \$ | N/A | |
| | 8d. | Unemployment compensation | 8d. | \$ | 0.00 | \$ | N/A | |
| | 8e. | Social Security | 8e. | \$ | 0.00 | \$ | N/A | |
| | 8f. | Other government assistance that you regularly receive Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies. Specify: | 8f. | \$ | 0.00 | \$ | N/A | |
| | 8g. | Pension or retirement income | — 8g. | \$_ | 0.00 | \$ | N/A | |
| | 8h. | Other monthly income. Specify: | 8h.+ | \$ | 0.00 | + \$ | N/A | |
| 9. | Add | l all other income. Add lines 8a+8b+8c+8d+8e+8f+8g+8h. | 9. | \$ | 0.00 | \$ | N/A | |
| 10. | | culate monthly income. Add line 7 + line 9. the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse. | 10. \$ | | 1,331.36 + \$_ | N/A | = \$ | 331.36 |
| 11. | Incli othe | te all other regular contributions to the expenses that you list in Schedule and de contributions from an unmarried partner, members of your household, your dear friends or relatives. not include any amounts already included in lines 2-10 or amounts that are not available: | ependen | | , | | +\$ | 0.00 |
| 12. | | I the amount in the last column of line 10 to the amount in line 11. The result is that amount on the Summary of Schedules and Statistical Summary of Certain | | | | | \$ | 331.36 |
| 13. | Do : | you expect an increase or decrease within the year after you file this form? | ? | | | | Combined monthly in | come |
| | | No. | | | | | | |

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| FilLin | this informa | tion to identify you | ır case: | | | | | |
|-------------|-----------------------------|---|--------------------------|---|----------------------|---------------|--------------------------------------|-------------------------------|
| Debtor | | | n 0000. | | | Che | eck if this is: | |
| Debtoi | • | Iraiz Barrera | | | | | An amended filing | |
| Debtor | r 2 se, if filing) | | | | | | A supplement show expenses as of the | ving postpetition chapter 13 |
| | | | | | | | | Tollowing date. |
| United | States Bankr | uptcy Court for the: | | ERN DISTRICT OF ILLIN RN DIVISION | OIS, | | MM / DD / YYYY | |
| 0 | | | | | | | | |
| (If know | number wn) | | | | | | | |
| Offi | icial Fo | rm 106J | | | | | | |
| | | J: Your E | xpen | ses | | | | 12/1: |
| Be as | complete a | ınd accurate as p | ossible. I ded, attac | f two married people are | | | | |
| Part 1 | Descr s this a join | ibe Your Househ | old | | | | | |
| _ | No. Go to | | | | | | | |
| _ | _ | s Debtor 2 live in | a separat | e household? | | | | |
| | □ N □ Y | | file Officia | al Form 106J-2, <i>Expenses</i> | for Separate Househ | oldof Debto | or 2 | |
| o r | | | _ | 11 01111 1000 <u>2,</u> 2,2,0011000 | ior coparato ricacon | iora or Dobin | Si 2. | |
| | - | • | □ No | Fill out this information for | Damandantia ralati | ianahin ta | Denondent's | Dago danandant |
| | Do not list Do Debtor 2. | eptor 1 and | Yes. | Fill out this information for each dependent | Dependent's relati | | Dependent's age | Does dependent live with you? |
| г | Do not state | the | | | | | | □ No |
| | dependents | | | | son | | 12 | Yes |
| | | | | | Danishtan | | • | □ No |
| | | | | | Daughter | | | ■ Yes □ No |
| | | | | | | | | ☐ Yes |
| | | | | | | | | □ No |
| | _ | | | | | | _ | ☐ Yes |
| e | expenses of | enses include people other that your dependen | an 🗆 | No Yes | | | | |
| exper | ate your ex | | ır bankru | Expenses otcy filing date unless you is filed. If this is a suppl | | | | |
| value | | sistance and hav | | overnment assistance if d it on Schedule I: Your | | | Your exp | enses |
| | | r home ownershi | | es for your residence. In ot. | clude first mortgage | 4. | \$ | 150.00 |
| li | f not includ | ed in line 4: | | | | | | |
| 4 | 4a. Real e | state taxes | | | | 4a. | \$ | 0.00 |
| | | rty, homeowner's, | or renter's | insurance | | 4a. 4b. | | 0.00 |
| | • | maintenance, rep | | | | 4c. | · | 0.00 |
| | | owner's associatio | | | | 4d. | · | 0.00 |
| 5. <i>A</i> | Additional n | nortgage paymer | its for you | ır residence , such as hor | ne equity loans | 5. | \$ | 0.00 |

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| Debtor | ¹ Barrera, | Iraiz | Case num | ber (if known) | |
|----------------|-----------------------------------|---|---------------|----------------|--------------------------|
| 6. U 1 | tilities: | | | | |
| 6a | | , heat, natural gas | 6a. | \$ | 0.00 |
| 6t | | wer, garbage collection | 6b. | · | 0.00 |
| | | | | · | |
| 60 | • | e, cell phone, Internet, satellite, and cable services | 6c. | : ——— | 120.00 |
| 60 | | | 6d. | · | 0.00 |
| . Fo | ood and house | ekeeping supplies | 7. | \$ | 500.00 |
| . CI | hildcare and c | children's education costs | 8. | \$ | 400.00 |
| . CI | lothing, laund | ry, and dry cleaning | 9. | \$ | 100.00 |
| 0. P e | ersonal care p | roducts and services | 10. | \$ | 300.00 |
| 1. M | edical and de | ntal expenses | 11. | \$ | 0.00 |
| 2. T r | ransportation. | Include gas, maintenance, bus or train fare. | | - | |
| | o not include c | | 12. | \$ | 0.00 |
| 3. E ı | ntertainment, | clubs, recreation, newspapers, magazines, and books | 13. | \$ | 0.00 |
| 4. C I | haritable cont | ributions and religious donations | 14. | \$ | 0.00 |
| 5. In | surance. | • | | | |
| Do | o not include in | nsurance deducted from your pay or included in lines 4 or 20. | | | |
| | 5a. Life insura | | 15a. | \$ | 0.00 |
| 15 | 5b. Health ins | surance | 15b. | \$ | 0.00 |
| | 5c. Vehicle ins | | 15c. | · | 80.00 |
| | 5d. Other insu | | 15d. | · | |
| | | | | Ψ | 0.00 |
| | axes. Do not in pecify: | clude taxes deducted from your pay or included in lines 4 or 20. | 16. | \$ | 0.00 |
| | · — | | | Ψ | 0.00 |
| | | ease payments: | 17a. | c | 420.00 |
| | | ents for Vehicle 1 | | · | 120.00 |
| | | ents for Vehicle 2 | 17b. | · | 0.00 |
| | 7c. Other. Spe | | 17c. | · | 0.00 |
| 17 | 7d. Other. Spe | ecify: | 17d. | \$ | 0.00_ |
| | | of alimony, maintenance, and support that you did not report as | | • | 0.00 |
| | | your pay on line 5, Schedule I, Your Income (Official Form 106I). | 18. | | |
| 9. O 1 | ther payments | s you make to support others who do not live with you. | | \$ | 0.00 |
| | pecify: | | 19. | | |
| | | erty expenses not included in lines 4 or 5 of this form or on Sche | dule I: You | r Income. | |
| 20 | Da. Mortgages | s on other property | 20a. | \$ | 0.00 |
| 20 | 0b. Real estat | e taxes | 20b. | \$ | 0.00 |
| 20 | Oc. Property, I | nomeowner's, or renter's insurance | 20c. | \$ | 0.00 |
| 20 | od. Maintenan | ice, repair, and upkeep expenses | 20d. | \$ | 0.00 |
| | | er's association or condominium dues | 20e. | | 0.00 |
| | ther: Specify: | or a deconation of contactiffication | | +\$ | |
| 0 | iner. Opecity. | | | -Ψ | 0.00 |
| 2. C a | alculate your | monthly expenses | | | |
| 22 | 2a. Add lines 4 | through 21. | | \$ | 1,770.00 |
| | | 2 (monthly expenses for Debtor 2), if any, from Official Form 106J-2 | | \$ | -,::3:00 |
| | | | | \$ | 1 770 00 |
| 22 | Lo. Auu III le 22 | a and 22b. The result is your monthly expenses. | | Ψ | 1,770.00 |
| 3. C a | alculate your | monthly net income. | | • | |
| | • | 12 (your combined monthly income) from Schedule I. | 23a. | \$ | 1,331.36 |
| | | monthly expenses from line 22c above. | 23b. | -\$ | 1,770.00 |
| _` | | | | | 1,170.00 |
| 23 | 3c. Subtract v | our monthly expenses from your monthly income. | | | |
| 20 | | is your <i>monthly net income</i> . | 23c. | \$ | -438.64 |
| | THE TESUIT | no your monuny not moonie. | 200. | L | - |
| 24. D o | o you expect a | an increase or decrease in your expenses within the year after yo | u file this f | orm? | |
| | | ou expect to finish paying for your car loan within the year or do you expect you | | | or decrease because of a |
| | | terms of your mortgage? | 5 5 1 | - | |
| | No. | | | | |
| | Yes. | Explain here: | | | |
| _ | ı 1€5. | Explain note. | | | |

| Fill in this informa | ition to identify your c | ase: | 704.67 | | 化中华人的区域 | | |
|---------------------------------|---|----------------------|----------------------------|--------------------------------------|---|----------------------------------|--|
| Debtor 1 | Iraiz Barrera | | | | | | |
| | First Name | Middle Name | | Last Name | | 1 | |
| Debtor 2 (Spouse if, filing) | First Name | Middle Name | | Last Name | | | |
| United States Bank | cruptcy Court for the: | NORTHERN DIST | RICT OF ILL | INOIS, EASTER | N DIVISION | | |
| Case number | | | | | | | |
| (if known) | | | | | | | Check if this is an |
| | | | | | | | amended filing |
| | | | | | | | |
| Official Form | 106Dec | | | | | | |
| | on About a | n Individu | ual Da | htor's S | chodulos | | |
| Declarati | on About a | ın maivia | uai De | 010153 | chedules | • | 12/15 |
| If two married peop | ple are filing together, | both are equally re | sponsible fo | r supplying cor | rect information. | | |
| obtaining money of | form whenever you fil or property by fraud in U.S.C. §§ 152, 1341, 15 | connection with a | lules or ame bankruptcy | nded schedules. case can result i | . Making a false st n fines up to \$250, | atement, cond ,000, or impris | ealing property, or conment for up to 20 |
| Sign | Below | | | | | | |
| Did you pay | or agree to pay some | one who is NOT an | attorney to h | elp you fill out b | ankruptcy forms? | ? | |
| ■ No | | | | | | | |
| ☐ Yes. Na | me of person | | | | | | tition Preparer's Notice, ature (Official Form 119) |
| Under penalty (frat they are | y of perjury, l'declare true and correct. | that I have read the | summary ar | X Signature o | | ation and | |
| | of Debtor 1 | | | | | | |

Date June 3, 2016

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| | | | III FAUE 34 UL34 | | |
|------------------------|--------------------------|-------------------|------------------------------|---|-----------------------|
| Fill in this infor | mation to identify your | case: | | | |
| Debtor 1 | Iraiz Barrera | | | | |
| | First Name | Middle Name | Last Name |) | |
| Debtor 2 | | | | | |
| (Spouse if, filing) | First Name | Middle Name | Last Name | | |
| United States Ba | ankruptcy Court for the: | NORTHERN DISTRICT | OF ILLINOIS, EASTERN DIVISIO | N | |
| Case number (if known) | | | | | ☐ Check if this is an |
| | | | | | amended filing |

Official Form 106Sum

Summary of Your Assets and Liabilities and Certain Statistical Information

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Fill out all of your schedules first; then complete the information on this form. If you are filing amended schedules after you file your original forms, you must fill out a new Summary and check the box at the top of this page.

| Pai | t 1: Summarize Your Assets | | |
|-----|---|--------------|-------------------------|
| | | Your as | ssets f what you own |
| 1. | Schedule A/B: Property (Official Form 106A/B) 1a. Copy line 55, Total real estate, from Schedule A/B | \$ | 20,000.00 |
| | 1b. Copy line 62, Total personal property, from Schedule A/B | \$ | 4,780.00 |
| | 1c. Copy line 63, Total of all property on Schedule A/B | \$ | 24,780.00 |
| Pai | t 2: Summarize Your Liabilities | | |
| | | | abilities you owe |
| 2. | Schedule D: Creditors Who Have Claims Secured by Property (Official Form 106D) 2a. Copy the total you listed in Column AAmount of claim, at the bottom of the last page of Part 1 of Schedule D | \$ | 4,533.00 |
| 3. | Schedule E/F: Creditors Who Have Unsecured Claims (Official Form 106E/F) 3a. Copy the total claims from Part 1 (priority unsecured claims) from line 6e &chedule E/F | \$ | 0.00 |
| | 3b. Copy the total claims from Part 2 (nonpriority unsecured claims) from line 6j & chedule E/F | \$ | 65,170.91 |
| | Your total liabilities | \$ | 69,703.91 |
| Pai | t 3: Summarize Your Income and Expenses | | |
| 4. | Schedule I: Your Income(Official Form 106I) Copy your combined monthly income from line 12 oSchedule I | \$ | 1,331.36 |
| 5. | Schedule J: Your Expenses (Official Form 106J) Copy your monthly expenses from line 22c of Schedule J | \$ | 1,770.00 |
| Pai | 4: Answer These Questions for Administrative and Statistical Records | | |
| 6. | Are you filing for bankruptcy under Chapters 7, 11, or 13? No. You have nothing to report on this part of the form. Check this box and submit this form to the court with your of | her schedul | es. |
| 7. | ■ Yes What kind of debt do you have? | | |
| | Your debts are primarily consumer debts. Consumer debts are those "incurred by an individual primarily for a pupurpose." 11 U.S.C. § 101(8). Fill out lines 8-9g for statistical purposes. 28 U.S.C§ 159. | ersonal, fam | nily, or household |

Official Form 106Sum

Your debts are not primarily consumer debts. You have nothing to report on this part of the form. Check this box and submit this form to the

court with your other schedules.

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Page 35 of 54 Case number (if known) Debtor 1 Barrera, Iraiz

| 8. | From the Statement of Your Current Monthly Income: Copy your total current monthly income from Official Form |
|----|--|
| | 122A-1 Line 11: OR . Form 122B Line 11: OR . Form 122C-1 Line 14. |

1,608.56 \$

Copy the following special categories of claims from Part 4, line 6 of Schedule E/F:

| From Bort 4 on Colombia E/E against a fall and an | Total claim | |
|--|-------------|------|
| From Part 4 on Schedule E/F, copy the following: | | |
| 9a. Domestic support obligations (Copy line 6a.) | \$ | 0.00 |
| 9b. Taxes and certain other debts you owe the government. (Copy line 6b.) | \$ | 0.00 |
| 9c. Claims for death or personal injury while you were intoxicated. (Copy line 6c.) | \$ | 0.00 |
| 9d. Student loans. (Copy line 6f.) | \$ | 0.00 |
| 9e. Obligations arising out of a separation agreement or divorce that you did not report as priority claims. (Copy line 6g.) | \$ | 0.00 |
| 9f. Debts to pension or profit-sharing plans, and other similar debts. (Copy line 6h.) | +\$ | 0.00 |
| 9g. Total. Add lines 9a through 9f. | \$ | 0.00 |

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| Fill in | Units By Gramma | -4i 4- id4if | | | | |
|------------------------------------|-----------------------|-------------------------------------|--|---|---|---|
| | | ation to identify your | case: | | | |
| Debtor | 1 | Iraiz Barrera First Name | Middle Name | Last Name | <u> </u> | |
| Debtor (Spouse | | First Name | Middle Name | Last Name | | |
| | Page 1908 - 1908 - 10 | kruptcy Court for the: | | OF ILLINOIS, EASTERN DIVI | SION | |
| Case | number | | | | | |
| (if known | | | , | * | | Check if this is an imended filing |
| | | | | | | |
| | ial For | The second second | | | | |
| State | ement | of Financial | Affairs for Individ | luals Filing for B | ankruptcy | 4/1 |
| informa | ation. If mo | | | | ually responsible for supply dditional pages, write your | |
| Part 1: | Give De | etails About Your Ma | rital Status and Where You | Lived Before | * | |
| 1. WI | hat is your | current marital statu | s? | | | |
| | Married Not marri | ied | | | | |
| 2. Du | iring the las | st 3 years, have you | lived anywhere other than w | here you live now? | | |
| | No Yes. List | all of the places you liv | red in the last 3 years. Do not i | nclude where you live now. | | |
| D | ebtor 1 Pric | or Address: | Dates Debtor 1 I | lived Debtor 2 Prior Add | dress: | Dates Debtor 2 lived there |
| | | | | | y property state or territory? o, Texas, Washington and Wi | |
| | No Yes. Mak | e sure you fill out <i>Sch</i> e | edule H: Your Codebtors (Offic | cial Form 106H). | | |
| Part 2 | Explain | the Sources of You | r Income | 72 | | |
| Fil | I in the total | amount of income yo | nployment or from operating u received from all jobs and a lave income that you receive to | II businesses, including part-t | | lar years? |
| | No | | | | | |
| 8 | Yes. Fill | in the details. | | | | * |
| | | | Debtor 1 | | Debtor 2 | |
| | | | Sources of income Check all that apply. | Gross income (before deductions and exclusions) | Sources of income Check all that apply. | Gross income (before deductions and exclusions) |
| the date you filed for hankruntey: | | ■ Wages, commissions, bonuses, tips | \$8,103.36 | ☐ Wages, commissions, bonuses, tips | | |
| | | | ☐ Operating a business | | ☐ Operating a business | |

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| Del | Debtor 1 Barrera, Iraiz | | | Case number (if known) | | | | |
|-----|---------------------------------|--|--|--|--|---|---|--|
| | | | 1 | Debtor 1 | | Debtor 2 | | |
| | | | : | Sources of income Check all that apply. | Gross income (before deductions and exclusions) | Sources of income Check all that app | | |
| | | ndar year: o December : | 31, 2015) | Wages, commissions, bonuses, tips | \$13,631.00 | ☐ Wages, commi bonuses, tips | ssions, | |
| | | | ! | ☐ Operating a business | | Operating a bu | siness | |
| | | ndar year bei o December : | 11 2014 \ | ■ Wages, commissions, bonuses, tips | \$21,045.00 | ☐ Wages, commi bonuses, tips | ssions, | |
| | | | | ☐ Operating a business | | ☐ Operating a bu | siness | |
| 5. | Include ir other pub you are fi | ncome regardl dic benefit pay ling a joint cas | ess of whether to ments; pension se and you have the gross income | s; rental income; interest; div income that you received too | ples of other income are alimi | lawsuits; royalties; ar Debtor 1. | ocial Security, unemployment, and gambling and lottery winnings. | |
| | | | | Debtor 1 Sources of income Describe below. | Gross income from each source (before deductions and exclusions) | Debtor 2 Sources of incom Describe below. | Gross income (before deductions and exclusions) | |
| Par | t 3: Lis | st Certain Pa | yments You M | ade Before You Filed for E | lankruptcy | | | |
| 6. | Are either No. | Neither De | btor 1 nor Deb | debts primarily consumer of the consumer of th | ner debts. Consumer debts | are defined in 11 U.S. | C. § 101(8) as "incurred by an | |
| | | During the | • | you filed for bankruptcy, did | you pay any creditor a total of | \$6,425* or more? | | |
| | | □ Yes | creditor. Do n payments to a | ot include payments for don in attorney for this bankrupto | nestic support obligations, su | ch as child support a | and the total amount you paid tha nd alimony. Also, do not include streent. | |
| | Yes | . Debtor 1 c | r Debtor 2 or t | ooth have primarily consu | | • | | |
| | | ■ No. | Go to line 7. | | | | | |
| | | □ _{Yes} . | | domestic support obligations | | | id that creditor. Do not include aclude payments to an attorney for | |
| | Credito | r's Name and | l Address | Dates of payme | nt Total amount paid | Amount you still owe | W as this payment for | |
| 7. | Insiders i | include your re u are an office | elatives; any ger r, director, pers | eral partners; relatives of an on in control, or owner of 20 | payment on a debt you ow y general partners; partnership % or more of their voting secul payments for domestic supp | os of which you are a rities; and any manag | general partner; corporations of ing agent, including one for a | |
| | □ No | 17-4 -# | | | | | | |
| | | s. List all paym | ents to an inside Address | er. Dates of payme | nt Total amount | Amount you still owe | Reason for this payment | |

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| De | Barrera, Iraiz | | Case | number (if known) | | |
|-----|---|---------------------------|--|----------------------|--|--------------------------|
| | | | | | | |
| | Insider's Name and Address | Dates of payment | Total amount paid | Amount you still owe | Reason for this pa | ayment |
| | Luciana Yala 4311 W Wrightwood Ave Chicago, IL 60639-2038 | monthly | \$150.00 | \$0.00 | rentcontinues \$150 per month month debtor r property owned | n for every esides in |
| 8. | Within 1 year before you filed for bankrupto | cy, did you make any paym | nents or transfer any | property on acc | count of a debt that | benefited an |
| | Include payments on debts guaranteed or cosig | gned by an insider. | | | | |
| | ■ No | | | | | |
| | ☐ Yes. List all payments to an insider | | | | | |
| | Insider's Name and Address | Dates of payment | Total amount paid | Amount you still owe | Reason for this particulate creditor's n | |
| Pai | rt 4: Identify Legal Actions, Repossession | ns, and Foreclosures | | | | |
| 9. | Within 1 year before you filed for bankrupto List all such matters, including personal injury of and contract disputes. | | | | | y modifications, |
| | □ No | | | | | |
| | Yes. Fill in the details. | | | | | |
| | Case title Case number | Nature of the case | Court or agency | | Status of the case | , |
| | Portfolio Recovery v. Iraiz Barrera 2016 M1 106442 | collection | Circuit Court of C County, IL 50 W Washingto 1001 Chicago, IL 6060 | n St Rm | Pending On appeal Concluded | |
| | Portfolio Recovery v. Iraiz Barrera 2016 M1 106500 | collection | Circuit Court of C County, IL 50 W Washingto 1001 Chicago, IL 6060 | n St Rm | Pending On appeal Concluded | |
| 10. | Within 1 year before you filed for bankrupton Check all that apply and fill in the details below | | ty repossessed, fore | closed, garnish | ed, attached, seized | I, or levied? |
| | No. Go to line 11.Yes. Fill in the information below. | | | | | |
| | Creditor Name and Address | Describe the Property | | Date | | Value of the |
| | | Explain what happened | | | | property |
| 11. | Within 90 days before you filed for bankrup accounts or refuse to make a payment bec. No Yes, Fill in the details. | | iding a bank or financ | cial institution, | set off any amounts | from your |
| | Creditor Name and Address | Describe the action the | creditor took | Date | action was | Amount |
| | Julior Hamb and Fidelioso | 2000 4.0 404011 410 | | taker | | |
| 12. | Within 1 year before you filed for bankrupt court-appointed receiver, a custodian, or a | | ty in the possession | of an assignee | for the benefit of cr | editors, a |
| | ■ No | | | | | |
| | ☐ Yes | | | | | |
| | | | | | | |

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| Det | otor 1 | Barrera, Iraiz | · | Case number(if known) | |
|-----|---------------|--|---|--|---------------------------|
| | | | | | |
| Par | t 5: | List Certain Gifts and Contribution | s | | |
| 13. | | in 2 years before you filed for bankr No | uptcy, did you give any gifts with a total va | alue of more than \$600 per person? | |
| | _ | Yes. Fill in the details for each gift. | | | |
| | Gifts pers | s with a total value of more than \$60 | 0 per Describe the gifts | Dates you gave the gifts | Value |
| | | on to Whom You Gave the Gift and ress: | | | |
| 14. | | No | uptcy, dld you give any gifts or contributio | ons with a total value of more than \$ | 600 to any charity? |
| | | Yes. Fill in the details for each gift or co | | Datas | Matura |
| • | more Chai | s or contributions to charities that t e than \$600 rity's Name ress (Number, Street, City, State and ZIP Cod | • | Dates you contributed | Value |
| Par | t 6: | List Certain Losses | | | |
| | Withi | | ptcy or since you filed for bankruptcy, did | you lose anything because of theft, | fire, other disaster, |
| | | No | | | |
| | _ | Yes. Fill in the details. | | | |
| | | cribe the property you lost and the loss occurred | Describe any insurance coverage for the Include the amount that insurance has paid. | lace | Value of property lost |
| | | | insurance claims on line 33 ofSchedule A/B | | |
| Par | t 7: | List Certain Payments or Transfers | S | | |
| 16. | cons | ulted about seeking bankruptcy or p | ptcy, did you or anyone else acting on you preparing a bankruptcy petition? eparers, or credit counseling agencies for serv | | ty to anyone you |
| | | No | | | |
| | — | Yes. Fill in the details. | | | |
| | Add | son Who Was Paid ress ill or website address | Description and value of any pro transferred | pperty Date payment or transfer was made | Amount of payment |
| | | son Who Made the Payment, if Not Y | ou . | | |
| | 33 1 | ler & Richmond, Ltd. N Dearborn St Ste 1907 cago, IL 60602-3828 | 0.00 | 06/03/16 | \$850.00 |
| 17. | prom | | aptcy, did you or anyone else acting on you ditors or to make payments to your credito you listed on line 16. | | ty to anyone who |
| | _ | No Yes. Fill in the details. | | | |
| | Pers | son Who Was Paid ress | Description and value of any protransferred | pperty Date payment or transfer was made | Amount of payment |
| 18. | trans | sferred in the ordinary course of you | ruptcy, did you sell, trade, or otherwise trai ur business or financial affairs? made as security (such as the granting of a se | nsfer any property to anyone, other | |

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| De | btor ' | 1 Barrera, Iraiz | | | Case num | iber(if known) | |
|-----|-----------------|--|---|------------------------|--------------|---|--|
| | | | | | | | |
| | gifts | s and transfers that you have already listed or | n this statement. | | | | |
| | | No | | | | | |
| | □ D - | Yes. Fill in the details. | Description of such a | | | | |
| | | rson Who Received Transfer Idress | Description and v property transfer | | paym | ibe any property or ents received or debts n exchange | Date transfer was made |
| | Pe | rson's relationship to you | | | • | | |
| 19. | | hin 10 years before you filed for bankrupt neficiary? (These are often called asset-prote | | property to a | self-settled | trust or similar device o | f which you are a |
| | | No | | | | | |
| | | Yes. Fill in the details. | | | | | |
| | Na | me of trust | Description and v | alue of the pro | perty trans | ferred | Date Transfer was made |
| Pai | t 8: | List of Certain Financial Accounts, Inst | truments, Safe Deposit | Boxes, and Sto | rage Units | | |
| 20. | Wit | hin 1 year before you filed for bankruptcy | , were any financial acc | ounts or instru | ıments held | l in your name, or for yo | ur benefit, closed, |
| | Incl | d, moved, or transferred? lude checking, savings, money market, or uses, pension funds, cooperatives, associ | | | | shares in banks, credit u | inions, brokerage |
| - | ■. | No | | | | | |
| | | Yes: Fill in the details. | | | | | |
| | | nme of Financial Institution and Idress (Number, Street, City, State and ZIP de) | Last 4 digits of account number | Type of acco | unt or | Date account was closed, sold, moved, or transferred | Last balance before closing or transfer |
| 21 | Do | you now have, or did you have within 1 y | ear hefore you filed for | hankruptcy, an | v safe dend | osit box or other deposit | ory for securities. |
| ۵1. | | th, or other valuables? | car bolore you med to | builki uptoy, uii | y oalo dop | ook box of other deposit | ory 10. 000ana00, |
| | _ | | | | | | |
| | | No Yes. Fill in the details. | | | | | |
| | _ | me of Financial Institution | Who else had acc | ace to it? | Describe | the contents | Do you still |
| | | Idress (Number, Street, City, State and ZIP Code) | Address (Number, S and ZIP Code) | | Describe | | have it? |
| 22. | Hav | ve you stored property in a storage unit o | r place other than your | home within 1 | year before | you filed for bankruptcy | 17 |
| | | No | | | | | |
| | | Yes. Fill in the details. | | | | | |
| | | nme of Storage Facility idress (Number, Street, City, State and ZIP Code) | Who else has or it to it? Address (Number, Sand ZIP Code) | | Describe | the contents | Do you still have it? |
| Pa | rt 9: | Identify Property You Hold or Control | for Someone Fise | | | | |
| 1 6 | | | | | | | |
| 23. | | you hold or control any property that sor neone. | meone else owns? Inclu | de any propert | y you borro | owed from, are storing fo | or, or hold in trust for |
| | | No Yes. Fill in the details. | | | | | |
| | | wner's Name ddress (Number, Street, City, State and ZIP Code) | Where is the prop (Number, Street, City, Code) | erty? State and ZIP | Describe | the property | Value |
| Pa | rt 10 | Give Details About Environmental Info | • | | | | |
| For | the | purpose of Part 10, the following definitio | ins apply: | | | | |
| FOR | , | vironmental law means any federal, state, | | lation concern | ina nollutio | n contamination release | as of hazardous or |
| _ | | vironmental law means any tederal, state, tic substances, wastes, or material into th | | | | | |

controlling the cleanup of these substances, wastes, or material.

Site means any location, facility, or property as defined under any environmental law, whether you now own, operate, or utilize it or used to Official Form 107 Statement of Financial Affairs for Individuals Filing for Bankruptcy

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| Del | otor 1 | Barrera, Iraiz | | Case number(if known) | | | | | |
|-----|-------------|---|---|--|----------------------|--|--|--|--|
| | | | | | | | | | |
| | own, | operate, or utilize it, including dispos | sal sites. | | | | | | |
| | | rdous material means anything an en rial, pollutant, contaminant, or simila | ivironmental law defines as a hazardous v r term. | vaste, hazardous substance, toxic | substance, hazardous | | | | |
| Rep | ort all | notices, releases, and proceedings t | hat you know about, regardless of when t | hey occurred. | | | | | |
| 24. | Has a | any governmental unit notified you th | at you may be liable or potentially liable u | inder or in violation of an environr | nental law? | | | | |
| | | No | | | | | | | |
| | | Yes. Fill in the details. | | | | | | | |
| | | te of site ress (Number, Street, City, State and ZIP Code) | Governmental unit Address (Number, Street, City, State and ZIP Code) | Environmental law, if you know it | Date of notice | | | | |
| 25. | Have | you notified any governmental unit o | of any release of hazardous material? | | | | | | |
| | | No | | | | | | | |
| | | Yes. Fill in the details. | | | | | | | |
| | | e of site ress (Number, Street, City, State and ZIP Code) | Governmental unit Address (Number, Street, City, State and ZIP Code) | Environmental law, if you know it | Date of notice | | | | |
| 26. | Have | you been a party in any judicial or ac | dministrative proceeding under any enviro | onmental law? Include settlements | and orders. | | | | |
| | | No | • | | | | | | |
| | | Yes. Fill in the details. | | | | | | | |
| | | e Title e Number | Court or agency Name Address (Number, Street, City, State and ZIP Code) | Nature of the case | Status of the case | | | | |
| Day | 11. | Give Details About Your Business o | · | | | | | | |
| | | | | -144 - 1-11 | | | | | |
| 27. | | | ptcy, did you own a business or have any | | ny dusiness? | | | | |
| | | _ | I in a trade, profession, or other activity, e | | | | | | |
| | | _ | npany (LLC) or limited liability partnership | (LLP) | | | | | |
| | | ☐ A partner in a partnership | | | | | | | |
| | | ☐ An officer, director, or managing € | executive of a corporation | | | | | | |
| | | An owner of at least 5% of the voting or equity securities of a corporation | | | | | | | |
| | | No. None of the above applies. Go to | Part 12. | | | | | | |
| | | Yes. Check all that apply above and t | fill in the details below for each business. | | | | | | |
| | | iness Name ress | Describe the nature of the business | Employer Identification num Do not include Social Securi | | | | | |
| | | ber, Street, City, State and ZIP Code) | Name of accountant or bookkeeper | Dates business existed | | | | | |
| 28. | | in 2 years before you filed for bankru tutions, creditors, or other parties. | ptcy, did you give a financial statement to | anyone about your business? Inc | clude all financial | | | | |
| | • | No | | | | | | | |
| | | Yes. Fill in the details below. | | | | | | | |
| | | ne Iress Iber, Street, City, State and ZIP Code) | Date Issued | | | | | | |
| Da | ~ 40. | Sign Relow | | | | | | | |

I have read the answers on this Statement of Financial Affairs and any attachments, and I declare under penalty of perjury that the answers are true and correct. I understand that making a false statement, concealing property, or obtaining money or property by fraud in connection with a

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| Debtor 1 Barrera, Iraiz | Case number(if known) |
|---|---|
| bankruptcy case can result in fines up to \$250,000, or in 18 U.S.C. §§ 152, 1341, 1519, and 3571. Iraiz Barrera Signature of Debtor 1 | nprisonment for up to 20 years, or both. Signature of Debtor 2 |
| Date _June 3, 2016 | Date |
| Did you attach additional pages to <i>Your Statement of Fi</i> ■ No □ Yes | inancial Affairs for Individuals Filing for Bankruptcy (Official Form 107)? |
| Did you pay or agree to pay someone who is not an atto ■ No | orney to help you fill out bankruptcy forms? |
| ☐ Yes. Name of Person Attach the Bankruptcy Pe | tition Preparer's Notice, Declaration, and Signature (Official Form 119). |

American Honda Finan PO Box 168088 Irving, TX 75016-8088

American Honda Finance PO Box 168088 Irving, TX 75016-8088

American Honda Finance 2170 Point Blvd Elgin, IL 60123-7885

American Honda Finance 1220 Old Alpharetta Rd Alpharetta, GA 30005-3968

BB&T

Attn: Bankruptcy Department 6010 Golding Center Dr Winston Salem, NC 27103-9815

Citibank N.A. 388 Greenwich St New York, NY 10013-2375

Credit Coll PO Box 607 Norwood, MA 02062-0607 Credit Collections Svc PO Box 773 Needham, MA 02494-0918

Dsnb Macys PO Box 8218 Mason, OH 45040-8218

Enhanced Recovery Co L 8014 Bayberry Rd Jacksonville, FL 32256-7412

Erc/Enhanced Recovery Corp 8014 Bayberry Rd Jacksonville, FL 32256-7412

Ge Capital Retail Bank 170 W Election Rd Ste 125 Draper, UT 84020-6425

Midland Funding 2365 Northside Dr Ste 30 San Diego, CA 92108-2709

Midland Funding 2365 Northside Dr Ste 300 San Diego, CA 92108-2709 Mohela/Dept of Ed 633 Spirit Dr Chesterfield, MO 63005-1243

Portfolio Recovery Attn: Bankruptcy PO Box 41067 Norfolk, VA 23541-1067

Portfolio Recovery Ass 120 Corporate Blvd Ste 1 Norfolk, VA 23502-4962

PORTFOLIO RECOVERY ASSOCIATES 120 CORPORATE BOULEVARD Norfolk, VA 23502

Progressive Insurance Company 6300 Wilson Mills Rd Mayfield Village, OH 44143-2109

Sheffield Financial Co 2554 Lewisville Clemmons Rd Clemmons, NC 27012-8110

Sprint 6200 Sprint Pkwy Overland Park, KS 66211-1158

Syncb/Sams Club DC PO Box 965005 Orlando, FL 32896-5005

Synchrony Bank 950 Forrer Blvd Kettering, OH 45420-1469

Synchrony Bank/Sams Club PO Box 965064 Orlando, FL 32896-5064

Target

C/O Financial & Retail Services Mailstop PO Box 9475 Minneapolis, MN 55440-9475

Td Bank USA/Targetcred PO Box 673 Minneapolis, MN 55440-0673

Visa Dept Store National Bank Attn: Bankruptcy PO Box 8053 Mason, OH 45040-8053

World Financial Network Bank 1 Righter Pkwy Ste 100 Wilmington, DE 19803-1533

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United States Bankruptcy Court Northern District of Illinois, Eastern Division

| IN RE: | Case No |
|---|--|
| Barrera, Iraiz | Chapter 7 |
| Debtor(s) | • |
| VERIFICATION | ON OF CREDITOR MATRIX |
| | Number of Creditors23 |
| The above-named Debtor(s) hereby verifies that the li | st of creditors is true and correct to the best of my (our) knowledge. |
| Ioint Debtor | |

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| | | · · · · · · · · · · · · · · · · · · · | | | |
|-----------------------------------|--|---------------------------------------|--|-------------|--|
| Fill in this informa | ation to identify your c | ase: | | | |
| Debtor 1 | Iraiz Barrera First Name | Middle Name | Last Name | i e | |
| Debtor 2 (Spouse if, filing) | First Name | Middle Name | Last Name | | |
| United States Bank | cruptcy Court for the: | NORTHERN DIST | RICT OF ILLINOIS, EASTERN DIVISION | | |
| | , | | 1 | | |
| Case number (if known) | · · · · · · · · · · · · · · · · · · · | 9 | | | Check if this is an amended filing |
| | | | | | |
| Official For | m 108 | | | | |
| Statemen | t of Intentio | n for Indiv | iduals Filing Under Chapte | er 7 | 12/15 |
| | dual filing under chap | 10.50 | out this form if: | | |
| 122 | claims secured by you | | | e. | |
| You must file this | | thin 30 days after ye | expired. ou file your bankruptcy petition or by the date set f time for cause. You must also send copies to the c | | |
| | ple are filing together the form. | in a joint case, both | are equally responsible for supplying correct info | rmation. I | Both debtors must sign |
| | d accurate as possible ir name and case num | | eeded, attach a separate sheet to this form. On the | top of ar | y additional pages, |
| Part 1: List You | ır Creditors Who Have | Secured Claims | | | |
| | | 11 30 300000 00 30 300 000 | Creditors Who Have Claims Secured by Property (| Official Fa | arm 100D) fill in the |
| information belo | ow. | | | | |
| identify the cred | litor and the property th | iat is collateral | What do you intend to do with the property that secures a debt? | | you claim the property exempt on Schedule C? |
| | | | | | |
| Creditor's An | nerican Honda Fina | nce | ☐ Surrender the property. ☐ Retain the property and redeem it. | ■ 1 | No |
| Description of | 2012 Honda CVR 2 | 250 | Retain the property and enter into a Reaffirmation | | /es |
| p. op o. ty | motorcycle that do | es not run | Agreement. Retain the property and [explain]: | | |
| securing debt: | | | | - | |
| | ır Unexpired Personal | | | | |
| the information be | low. Do not list real es | tate leases. Unexpi | Schedule G: Executory Contracts and Unexpired red leases are leases that are still in effect; the leas stee does not assume it. 11 U.S.C. § 365(p)(2). | | |
| Describe your une | expired personal prop | erty leases | | Will the | lease be assumed? |
| Lessor's name: | | | | □ No | |
| Description of lease Property: | ed | | | ☐ Yes | |
| Lessor's name: | 7d | | | □ No | |
| Description of lease Property: | su · | | | ☐ Yes | |
| Lessor's name: | | | | □ No | |
| Official Form 108 | | Statement of Int | ention for Individuals Filing Under Chapter 7 | | page 1 |

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| Debtor 1 Barrera, Iraiz | Case number (if known) |
|---|--|
| Description of leased | |
| Property: | ☐ Yes |
| Lessor's name: Description of leased | □ No |
| Property: | ☐ Yes |
| Lessor's name: | □ No |
| Description of leased Property: | ☐ Yes |
| Lessor's name: | □ No |
| Description of leased Property: | ☐ Yes |
| Lessor's name: | □ No |
| Description of leased Property: | ☐ Yes |
| Part 3: Sign Below | |
| Under penalty of perjury I declare that I have indicated my intention about | out any property of my estate that secures a debt and any personal |
| property that is subject to an unexpired lease. | x |
| raiz Barrera Signature of Debtor 1 | Signature of Debtor 2 |
| Date June 3, 2016 | Date |

 $_{B201B\;(Form\;2018)}\textbf{Case}\cancel{16-18958}$

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Northern District of Illinois, Eastern Division

| IN RE: | | Case No |
|---|---|---|
| Barrera, Iraiz | | Chapter 7 |
| Debtor(s) | | |
| | OF NOTICE TO CONSUMER 12(b) OF THE BANKRUPTCY (| * * |
| Certificate of [Nor | n-Attorney] Bankruptcy Petition | Preparer |
| I, the [non-attorney] bankruptcy petition preparer sign notice, as required by § 342(b) of the Bankruptcy Cod | | fy that I delivered to the debtor the attached |
| Printed Name and title, if any, of Bankruptcy Petition Address: | Preparer | Social Security number (If the bankruptcy petition preparer is not an individual, state the Social Security number of the officer, principal, responsible person, or partner of |
| X | | the bankruptcy petition preparer.) (Required by 11 U.S.C. § 110.) |
| X | | |
| | Certificate of the Debtor | |
| I (We), the debtor(s), affirm that I (we) have received | and read the attached notice, as requi | red by § 342(b) of the Bankruptcy Code. |
| Barrera, Iraiz | X /s/ Iraiz Barrera | 6/08/2016 |
| Printed Name(s) of Debtor(s) | Signature of Debtor | Date |
| Case No. (if known) | | |
| | Signature of Joint I | Debtor (if any) Date |

Instructions: Attach a copy of Form B 201A, Notice to Consumer Debtor(s) Under § 342(b) of the Bankruptcy Code.

Use this form to certify that the debtor has received the notice required by 11 U.S.C. § 342(b) **only** if the certification has **NOT** been made on the Voluntary Petition, Official Form B1. Exhibit B on page 2 of Form B1 contains a certification by the debtor's attorney that the attorney has given the notice to the debtor. The Declarations made by debtors and bankruptcy petition preparers on page 3 of Form B1 also include this certification.

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B201B (Form 201B) (12/09)

United States Bankruptcy Court Northern District of Illinois, Eastern Division

| IN RE: | Case No. |
|--|--|
| Barrera, Iraiz Debtor(s) | Chapter 7 |
| CERTIFICATION OF NOTICE | E TO CONSUMER DEBTOR(S) E BANKRUPTCY CODE |
| Certificate of [Non-Attorney] | Bankruptcy Petition Preparer |
| I, the [non-attorney] bankruptcy petition preparer signing the debto notice, as required by § 342(b) of the Bankruptcy Code. | r's petition, hereby certify that I delivered to the debtor the attached |
| Printed Name and title, if any, of Bankruptcy Petition Preparer Address: | Social Security number (If the bankruptcy petition preparer is not an individual, state the Social Security number of the officer, principal, responsible person, or partner of the bankruptcy petition preparer.) |
| X | (Required by 11 U.S.C. § 110.) |
| Signature of Bankruptcy Petition Preparer of officer, principal, respondent whose Social Security number is provided above. | ponsible person, or |
| Certificate | of the Debtor |
| I (We), the debtor(s), affirm that I (we) have received and read the | attached notice, as required by § 342(b) of the Bankruptcy Code. |
| | y 6/03/2016 |
| Printed Name(s) of Debtor(s) | Signature of Debtor Date |
| Case No. (if known) | X |
| Marriage Country of the Country of t | Signature of Joint Debtor (if any) Date |

Instructions: Attach a copy of Form B 201A, Notice to Consumer Debtor(s) Under § 342(b) of the Bankruptcy Code.

Use this form to certify that the debtor has received the notice required by 11 U.S.C. § 342(b) only if the certification has NOT been made on the Voluntary Petition, Official Form B1. Exhibit B on page 2 of Form B1 contains a certification by the debtor's attorney that the attorney has given the notice to the debtor. The Declarations made by debtors and bankruptcy petition preparers on page 3 of Form B1 also include this certification.

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B2030 (Form 2030) (12/15)

United States Bankruptcy Court Northern District of Illinois, Eastern Division

| In re | Barrera, Iraiz | | Case No. | | |
|-------------|--|---|------------------------------|--------------------------|------------|
| | | Debtor(s) | Chapter | 7 | |
| | DISCLOSURE OF COMP | PENSATION OF ATTO | RNEY FOR D | EBTOR | |
| c | Pursuant to 11 U.S.C. § 329(a) and Fed. Bankr. P. 20 compensation paid to me within one year before the five rendered on behalf of the debtor(s) in contemplation | ling of the petition in bankruptcy | , or agreed to be paid | to me, for services rer | |
| | For legal services, I have agreed to accept | | \$ | 850.00 | |
| | Prior to the filing of this statement I have receive | d | \$ | 850.00 | |
| | Balance Due | | \$ | 0.00 | |
| 2. T | The source of the compensation paid to me was: | | | | |
| | ■ Debtor □ Other (specify): | | | | |
| 3. Т | The source of compensation to be paid to me is: | | | | |
| | ■ Debtor □ Other (specify): | | | | |
| 4. I | I have not agreed to share the above-disclosed confirm. | npensation with any other person | unless they are men | nbers and associates of | my law |
| [| ☐ I have agreed to share the above-disclosed competed copy of the agreement, together with a list of the manner. | | | | w firm. A |
| 5. I | In return for the above-disclosed fee, I have agreed to | render legal service for all aspec | ts of the bankruptcy | case, including: | |
| b c | Analysis of the debtor's financial situation, and ren Preparation and filing of any petition, schedules, st Representation of the debtor at the meeting of cred [Other provisions as needed] | tatement of affairs and plan which | h may be required; | • | uptcy; |
| 6. E | By agreement with the debtor(s), the above-disclosed | fee does not include the followin | g service: | | |
| | | CERTIFICATION | | | |
| | certify that the foregoing is a complete statement of an analyze an analyze the statement of an analyze the statem | any agreement or arrangement fo | r payment to me for | representation of the de | btor(s) in |
| _ | une 8, 2016 ate | Is/ Michael R. Ric Michael R. Richm Signature of Attorne Heller & Richmor | ond y | | _ |
| | | 33 N Dearborn St Chicago, IL 60602 (312) 781-6700 F mrichmond@hell Name of law firm | 2-3828 Fax: (312) 781-673 | 2 | |

ATTORNEY-CLIENT AGREEMENT

This Agreement is made this 27th day of May, 2016 by and between Heller & Richmond, Ltd. (hereinafter referred to as "Attorney) of 33 N. Dearborn St., Suite 1907, Chicago, IL 60602 Iraiz Barrera (hereinafter referred to as "Client") of Chicago, IL 60639

WHEREAS, "Client" desires to engage the legal services of "Attorney" to advise and represent "Client" concerning "Client's" desire to seek Bankruptcy relief pursuant to title 11 of the United States Code; and

WHEREAS, "Attorney" desires to provide such legal services to "Client":

IT IS HEREBY AGREED by and between the Parties hereto, in consideration of the mutual covenants contained herein:

TERMS OF AGREEMENT

- 1. Professional Legal Services to be Provided.
- A. Attorney shall provide the following professional legal services for "Client" in the above referenced bankruptcy matter:
 - Analysis of the "Client's" financial situation and rendering advice to the "Client" in determining whether to file a petition in bankruptcy;
 - 2. Preparation and filing of any petition, schedules, statement of affairs, or plan which may be required.
 - 3. Representation of "Client" at the meeting of the creditors and confirmation hearing;
 - 4. Other:
- B. Professional legal services to be provided by "Attorney" to "Client shall not include:
 - 1. Rendering advice or representing any other person or entity related to or a dependent of "Client";
 - Filing a notice of appeal, or prosecuting or defending an appeal of any judicial ruling, except by separate agreement of the parties, hereto; or,
 - Representing "Client" in any other judicial or administrative or alternative dispute resolution proceeding, except by separate agreement of the parties, hereto;
 - 4. The filing of any adversary complaint to determine the dischargability of an otherwise non-dischargeable debt.
- Compensation for Legal Service Provided. "Client" agrees to pay to "Attorney" and "Attorney" agrees to accept from "Client"
 \$850.00 for the performance of these services (hereinafter referred to as "fee") in addition to the costs of approximately three hundred ninety five dollars**
 (\$395.00)

It is hereby acknowledged that this "fee" has been based upon "Client's" representation that he/she has the following type and number of debts:

- a. -1- secured creditors: (client does not wish to reaffirm car)
- b. -*- unsecured creditors; (*UP TO 30 UNSECURED CREDITORS)
- c. -0- priority debts; (GOVT. DEBT INCLUDING STUDENT LOAN IS GENERALLY NOT DISCHARGABLE)

This stated "fee" has been further based upon "Client's representation that he/she has:

- a. -2- law suits pending against him/her; (16 M1 106500 + 16 M1 106442)
- b. -0- wage assignments pending against him/her.

"Client" agrees to pay an additional fee of one hundred dollars (\$100.00) for each of the following additional items that have not been disclosed above:

- a. each secured creditor;
- b. each group of up to ten unsecured creditors over the first ten unsecured creditors;
- c. each law suit or wage assignment pending against "Client" at the time the bankruptcy is filed;
- d. "Attorney" notification to the Secretary of State of the bankruptcy in the event "Client"s driving privileges had been previously suspended in accordance with the financial responsibility laws of the State of Illinois

"Client" also acknowledges that the "fee" has been determined based upon the minimal amount of expected work to be performed on this bankruptcy matter, and that if additional legal services, such as representing "Client" in contested matters or adversary proceedings, must be performed, if "Client" falls to attend a meeting of the creditors or any court hearing or if the petition, once prepared, has to be revised due to "Client's" fallure to provide complete or accurate information, including but not limited to the list of creditors as referred to in Section 5(f) below or if "Attorney" is forced to take any steps to collect any past due Attorneys fees from "Client", "Client" shall be responsible for additional fees at a rate of two hundred fifty dollars (\$250.00) per hour.

"Client" agrees to pay all fees and court costs as follows:

- 1. \$645.00 upon the execution of this agreement;
- 2. Balance due prior to filing, but within 90 days

"Client" acknowledges that "Attorney" is not responsible for filing a petition or initiating any bankruptcy proceeding until "Client" has paid "Attorney" at least \$1,245.00 and that any monies paid upon the execution of this agreement are non-refundable and are intended to compensate "Attorney" for his time spent in compiling the information necessary to prepare, or other steps towards the preparation of, a petition in bankruptcy.

3. Client Cooperation. "Client" agrees to fully cooperate with "Attorney" in performing professional legal services, including, but not limited to, fully disclosing all of "Client's" potential assets and liabilities, timely appearing at meetings and hearings, promptly returning phone calls from "Attorney" to "Client", promptly communicating any changes in circumstances to "Attorney", including change of employment and change of address, and paying all legal fees and expenses as they become due. "Client" hereby warrants and covenants that he/she has fully disclosed to "Attorney" all known or suspected real property, tangible and intangible personal property, debts, leases contracts, claims in favor of or against "Client" and taxes owed.

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4. Termination of Agreement.

A. "Client" may terminate this Agreement with "Attorney" at any time upon written notice to "Attorney". In the event of such termination, "Client" shall pay all legal fees incurred and shall notify "Attorney" in writing, if "Client" desires his/her file turned-over to any person or entity.

B. "Attorney" may terminate this Agreement upon written notice to "Client" for "cause". "Cause shall include, but shall not be limited to

the following:

- 1. "Attorney" learning of "Client's" intention to commit an act that may constitute a bankruptcy crime or fraud or other unlawful conduct, and "Client's" refusal to refrain from such conduct;
- 2. "Client's" failure to promptly pay legal fees or expenses incurred; or
- 3. Any other permissive or mandatory cause to withdraw form the Attorney-Client relationship as provided for in the Code of Professional Responsibility.
 - 5. "Client" acknowledgment.

A. "Attorney" has advised "Client" that his/her spouse, if any is jointly liable for many of "Client's" debts that have been incurred, since the time of "Client's" marriage and that "Client's" spouse can be held responsible for these debts, unless the spouse files a joint or separate petition for bankruptcy. "Attorney" has advised "Client" that there would be no additional legal "fee" or court costs to add the "Client's" spouse on a joint petition for bankruptcy, provided that the spouse does not have any creditors other than those upon which "Client's" fee was based.

B. "Attorney" has advised "Client" that some debts may not be dischargeable and in particular, secured debts or those in which "Client" has pledged some property as collateral against a loan or other financing, are not dischargeable, unless "Client" is willing to return the property, which has been pledged as collateral, to the creditor. "Client" has been further advised that in many instances he/she may retain the property, which has been pledged as collateral, if he/she agree to reaffirm the debt and continue to pay the creditor, as they were bound to do, before the filing of bankruptcy.

C. "Attorney" has reviewed with "Client" his/her options to file under Chapter 7, Chapter 11 and Chapter 13 of Title 11 of the United States Code and "Client" has elected to proceed under Chapter 7 "Client" is aware that if he/she proceeds with a Chapter 7 then he/she will be required to forfeit any and all property owned in full or in part by "Client" other than those exemptions permitted by statute and in most instances the amount of property entitled to those exemptions is minimal. The property that could be forfeited includes, but is not limited to real estate, cash, bank accounts, household goods and furnishings, appliances, artwork, collections, sports equipment, tools, jewelry, income tax refunds, vehicles or anything else of value or potential value. "Client" has advised that she owns a building at 6223 S. Paulina Chicago, which is worth about \$20,000 and has no mortgage. "Client" understands that she will likely lose this building as a result of the bankruptcy and she does not wish to contest this outcome.

- D. "Client" acknowledges that he/she has read both front and back of this agreement and "Attorney" has answered any questions that "Client" may have had about its content.
 - E. "Client" acknowledges receipt of a copy of this agreement at the time of its execution.
- F. It is the obligation of "Client" to supply "Attorney" with a neat, legible and complete list of all creditors of "Client" and for each creditor include their complete name, address, account number and balance owed; also, if that account was referred to a collection agency or lawyer then also include the name, address and account number of the collection agency or lawyer.
- G. "Client" understands that "Attorney's" obligation to represent "Client" will end no later than upon the entry of the Order of Discharge in Bankruptcy and "Client" will be responsible for payment of additional fees at the rate of two hundred dollars (\$200.00) per hour for any service that might be requested after the entry of the Order of Discharge including but not limited to telephone advise, file retrieval, providing copies of any file related documents and issues concerning credit bureau reports, obtaining credit or other forms of credit repair.
- H. "Client" hereby warrants and covenants that he/she has truthfully and fully disclosed to "Attorney" all known or suspected information requested by any aspect of the entire Bankruptcy Petition and that it is the responsibility of "Client" to be certain that this information is all accurately displayed in the actual Bankruptcy Petition at the time "Client" affixes his/her signature(s) thereto.

** costs include the court filing fee of \$335.00, the online prebankruptcy counseling and online debt management class and the 3-bureau credit report of \$60.00 for an individual report or \$70.00 for a joint report for husband and wife.

Heller & Richmond, Ltd.

HELLER & RICHMOND, LTD.

33 N. Dearborn Street
Suite 1907
Chicago, IL 60602
(312) 781-6700

HELLER & RICHMOND, LTD.

By affixing my signature above, I hereby certify that I have not filed any petition for bankruptcy within the past 8 years, except as otherwise noted as follows:

NONE

NONE

YES, I HEREBY INSTRUCT ATTORNEY TO PROVIDE CLIENT WITH A 3-BUREAU CREDIT REPORT and I AGREE TO PAY THE COST OF THIRTY FIVE DOLLARS (\$35.00) per person FOR THE REPORT IN ADDITION TO ALL OTHER FEES. This additional fee must be paid before the Bankruptcy Petition will be filed.